Name in Full: Rachel Y. Alban

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Maryland Line (Town) — Baltimore (County)

Date of death 1 9 0 0 — Month: April — Day: 30 — Age: Years 26 — Months 6 — Days 1

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House-keeper — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Jack Alban

Father's Name: Joseph Young — Father's Birthplace: Maryland.

Mother's Maiden Name: Amanda Rodgers — Mother's Birthplace: "

Name of person giving information: Jack Alban — How related to deceased: Husband

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 years

Immediate: " — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Milton C. Dunnick M.D.

Address: Shrewsbury Pa

Accident or Suicide?

1

Name in Full: Philip A Albrecht

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Laurel — Town; Balto — County

Date of death 1909: Month Apr; Day 11; Age: Years 66; Months 4; Days 27

Sex: M; Color or Race: W; Birthplace: Germany

Occupation: retired; Where Residing if not at place of death: Albany Laurel

Married, Single or Widowed: M; Name of Wife or Husband: Eelmer Albrecht

Father's Name: Timothy Albrecht; Father's Birthplace: Germany

Mother's Maiden Name: Mary Vogel; Mother's Birthplace: Germany

Name of person giving Information: G H Albrecht; How related to deceased: Son

CAUSES OF DEATH

40

PHYSICIAN OR CORONER

Primary: Cancer of Stomach; How long: 6 mo

Immediate: Haemorhage; How long: 15 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Hallister Darling

Address: Laurel Md

Accident or Suicide?

Geo Schilling & Son

Baltimore Cemetery

Name in Full: Ernest C. Alger.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lansdowne — County: Baltimore

Date of death 1909 — Month: April — Day: 20 — Years: — Months: 10 — Days: 20

Age

Sex: Male — Color or Race: White — Birthplace: Virginia.

Occupation: Infant — Where Residing if not at place of death: at his Home

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Rubin R. Alger — Father's Birthplace: Virginia

Mother's Maiden Name: Olivia J. Wilson — Mother's Birthplace: Md.

Name of person giving Information: Rubin R. Alger — How related to deceased: father.

71

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long: 1 mo.

Immediate: Convulsions of — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Rhebe

Address: Lansdowne Balto Md

Accident or Suicide?

13

Jos B Cook

Compton

Page Co.

Virginia

Name in Full: Richard Taylor Allison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Phoenix | County: Balto

Date of death 1909 | Month: April | Day: 10 | Age: Years 85 | Months 10 | Days 4

Sex: Male | Color or Race: White | Birthplace: Louisville Ky

Occupation: U. S. Navy. (Pensioner) | Where Residing if not at place of death: —

~~Married, Single~~ or Widowed ~~Husband~~ | Name of Wife or ~~Husband~~: Elizabeth B Phelps (Dec'd)

Father's Name: John Allison | Father's Birthplace: Unknown

Mother's Maiden Name: Emily Taylor | Mother's Birthplace: Virginia

Name of person giving information: Mrs C. S Phelps | How related to deceased: Sister-in-law

CAUSES OF DEATH

65

PHYSICIAN OR CORONER

Primary: Softening of Brain | How long: 4 Months

Immediate: Effusion into brain (Cong) | How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. B. Bausom

Address: Cockeysville Md

~~Accident or Suicide?~~

1

8

Interment at St
James Tuesday 13th.

W. C. Brooks

Name in Full: John Oliver Amos

CERTIFICATE OF DEATH

MARYLAND

Died at: Ferndale (Town) — Baltimore (County)

Date of death: 1909 April 15 — Age: Years 76, Months, Days 10

Sex: Male — Color or Race: White — Birthplace: Balto County

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Mary Amos

Father's Name: Luther Amos — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Ferndale — Mother's Birthplace: "

Name of person giving information: J. E. Amos — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Senectus — How long: 1 year

Immediate: Asthenia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. W. Heyder M.D.

Address: Parkton Md.

Accident or Suicide?

PHYSICIAN OR CORONER

1

Name in Full: Mary A Arnold

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: St Agnes Hospital — Town; Balto — County

Date of death 1909: Month 4; Day 28; Years 46; Months; Days

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housewife; Where Residing if not at place of death: 1336 - W. Lafayette Ave

Married, Single or Widowed: Married; Name of Wife or Husband: Henry T. Arnold

Father's Name: Abraham Hains; Father's Birthplace: Md.

Mother's Maiden Name: ~~Unknown~~ Margaret Eckman; Mother's Birthplace: "

Name of person giving information: Chas. Arnold; How related to deceased: Son.

164

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by Electric Car; How long: 36 hrs.

Immediate: Multiple fractures lung (fracture ribs); How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Augustus W. Mills (Coroner)

Address: 1 Mt Winans Balto Co. Md.

Accident or Suicide? Accident

1

Name in Full: Margaret E. Arringdale

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highlandtown (Town) Balto (County)

Date of death 1904 (Month) apr (Day) 19 — Age (Years) 21 — (Months) 5 — (Days) 8

Sex: female — Color or Race: white — Birth-place:

Occupation: —

Where Residing if not at place of death: 3508 E Lombard

~~Married~~, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Theodore Arringdale — Father's Birthplace: Md

Mother's Maiden Name: Catherine Darritee — Mother's Birthplace: Md

Name of person giving Information: Laura Arringdale — How related to deceased: Sister

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 years

Immediate: Pulmonary Oedema — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Lloyd Robertson

Address: 2129 E Baltimore St.

1

Accident or Suicide

OFFICE SUPPLY CO., 2284

Mt. Carmel Cemetery
Apr. 21/909
Wm Cook
502 E. North ave

Name in Full: Arthur P. Baer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Baltimore

Date of death 1909 — Month: April — Day: 26 — Years: 69 — Months: 10 — Days: 19

Sex: Male — Color or Race: white — Birthplace: Balto.

Occupation: Tobacco Merchant — Where Residing if not at place of death: Fred. Ave. Catonsville

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth A. Baer

Father's Name: Michael S. Baer — Father's Birthplace: Md

Mother's Maiden Name: Matilda Ridgely — Mother's Birthplace: Md

Name of person giving Information: Richard P. Baer — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

78

CAUSES OF DEATH

Primary: Myocarditis — How long: months.

Immediate — How long

Are the name, age sex, color, date and place correctly given above? yes.

Signature of Physician: James C. Clarke.

Address: 1201 Madison Ave. Balto. Md

Accident or Suicide

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO. 5-20--08

Loudan Park
& Madison Mitchell
1201 W. Fayette st.

Name in Full: Thomas Edward Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Gutherville — Town; Baltimore Co — County

Date of death 190 9 — Month: 4 — Day: 3 — Age: Years 27 — Months 11 — Days

Sex: Male — Color or Race: Colored — Birth-place: Balto Co

Occupation: Laborer — Where Residing if not at place of death: Gutherville

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Thomas H. Barnes — Father's Birthplace: Balto Co

Mother's Maiden Name: Mary R Loveley — Mother's Birthplace: Balto Co

Name of person giving Information: Mary R Barnes — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: Fifteen Months

Immediate: Exhaustion — How long: One month

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician: Wm L. Smith

Address: Rider. Md.

Accident or Suicide

PHYSICIAN OR CORONER

1

8

OFFICE SUPPLY CO. 8-20--08

Interment on Tuesday
at Stevenson Chapel
Bradford

W. C. Brooks

Name in Full: Joshua Atkinson Bates,

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Forest Park (Town) Baltimore (County)

Date of death: 1909 Month: Apr. Day: 10th Years: 59 Months: Days:

Sex: Male Color or Race: White Birthplace: Baltimore.

Occupation: Manufacturer. Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Emma Bates.

Father's Name: James Bates Father's Birthplace: Pa.

Mother's Maiden Name: Frances R. Bates Mother's Birthplace: Md

Name of person giving Information: J. H. Bates How related to deceased: Son

119

CAUSES OF DEATH

PHYSICIAN OR CORONER

1

Primary: Uraemia - nephritis, How long: 36 hrs.

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Herbert Bates, M.D.

Address: Church Home & Infy

Baltimore, Md.

Accident or Suicide?

Interment at Druid Ridge
Cemetery.

H E Hughes
17 S Broadway
Undertaker.

Name in Full: Frances Endicott Beck

CERTIFICATE OF DEATH

MARYLAND

Died at: Relay (Town) — Balto (County)

Date of death: 1909 Month: Apr Day: 23

Age: Years: 45 Months: 7 Days: 24

Sex: Male

Color or Race: White

Birthplace: Balto

Occupation: Clerk

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Alice D Beck

Father's Name: Fred W Beck

Father's Birthplace: Germany

Mother's Maiden Name: Emily Monroe

Mother's Birthplace: Balto

Name of person giving Information: Charles E Beck

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Chronic Bright's Disease — How long: 3 mos.

Immediate: Uraemia — How long: few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: David Street MD

Address: 712 Parkam Balto

Accident or Suicide: No

PHYSICIAN OR CORONER

13

OFFICE SUPPLY CO. 5-20--08

Green Mount Cemetery

Name in Full: Margt Beckman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1900 Month: Apr; Day: 14; Years: 80; Months; Days

Sex: Female; Color or Race: white; Birthplace: Germany

Occupation: Gardener; Where Residing if not at place of death: Frederick

Married, Single or Widowed: Widow; Name of Wife or Husband: Jno Beckman

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Chronic Nephritis; How long

Immediate: Convulsions; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Corse M.D.

Address: Gardenville Md

Accident or Suicide?

1

14

Name in Full: Rachel Harryman Bosley

CERTIFICATE OF DEATH

MARYLAND

Town: Cockeysville | County: Balto

Date of death: 1909 April 3 | Age: 84 Years 4 Months 27 Days

Sex: Female | Color or Race: White | Birthplace: Black Rock Md

Occupation: Housewife | Where Residing if not at place of death: —

~~Married, Single~~ Widowed | Name of ~~Wife or Husband~~ husband: John Bosley of Wm

Father's Name: Lewis R Cole | Father's Birthplace: Black Rock Md

Mother's Maiden Name: Sarah Harryman | Mother's Birthplace: Warren Md

Name of person giving information: Better B Jones | How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: La-Grippe | How long: 7 days

Immediate: Bronchio-Pneumonia | How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr B.B. Brison

Address: Cockeysville Md

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

1

8

Henry W. Moore & Son
Interment at
Sherwood Cemetery
Cockeysville
April 5th 1909

Name in Full: Lizzie E. Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at: Lutherville (Town) Baltimore (County)

Date of death: 1909 April (Month) 12 (Day)

Age: Years 70 Months 10 Days 25

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Home Keeper

Where Residing if not at place of death: Lutherville

Married, Single or Widowed: Widow

~~Name of Wife or~~ Huaband: Grafton Bowen

Father's Name: Rev Amon Richards

Father's Birthplace: Md

Mother's Maiden Name: Margaret Burbey

Mother's Birthplace: Md

Name of person giving Information: Mary A. Byers

How ralated to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe & Pneumonia — How long: 10

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. L. Smith

Address: Rider, Md

Accident or Suicide: ✓

1

OFFICE SUPPLY CO. 6-20--08

Horace Burgee
Undertaker
3631 Falls Road
Balto, Md

David Ridge

Name in Full: William Henry Boyd

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Arlington — County: Balto

Date of death 190 9 — Month: April — Day: 29 — Years: Age 70 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Dickeysville Md

Occupation: Carpenter — Where Residing if not at place of death: Dickeysville Md

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Mrs Sophia Boyd

Father's Name: Jos Boyd — Father's Birthplace: Md

Mother's Maiden Name: Miss Elizabeth Hennicks — Mother's Birthplace: Md

Name of person giving Information: Sophia Boyd — How related ~~to deceased~~: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

56

Primary: Natural Causes — How long: 1

Immediate: (Acute alcoholism). — How long:

Are the name, age, sex, color, data and place correctly given above? (over)

Signature of Physician: Robt A Bevan M.D.

Address: Acting Coroner Arlington Md

Accident or Suicide

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO. 5-20--98

He was under the influence of liquor, and died at the Maryland Country Club on Park Heights Ave. Was brought down in a wagon to Arlington Station House. The Jury rendered a verdict he came to his death by natural causes, and exonerated the members of the Maryland Country Club from all blame.

Name in Full: Mary E Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Hope Retreat (County): Baltimore (State): MARYLAND

Date of death: 1909 (Month): Apr (Day): 13 Age (Years): 73 (Months): Not Known (Days): Not Known

Sex: Female Color or Race: White Birthplace: Germany

Occupation: Wife of Engineer Where Residing if not at place of death: Annapolis Md.

Married, Single or Widowed: Nama of Wife or Husband: not Known

Father's Nama: not Known Father's Birthplace: not Kn

Mother's Maiden Nama: " " Mother's Birthplace: " "

Nama of person giving Information: Rec'd Mt Hope Retreat How related to deceased: Not at all

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary: Melancholia How long: abt 1 year

Immediate: Exhaustion & Cardiac Syncope How long: abt 5 or 6 wks

Ara tha nama, age, sex, color, date and placa correctly given abova? Yes

Signature of Physician: Frank J. F. Lamary

Address: Mt Hope Retreat Mt Hope Md.

Accident or Suicide: 1

OFFICE SUPPLY CO., 11-15-08

Name in Full (no first name) Breeback

CERTIFICATE OF DEATH

MARYLAND

Died at Brehms Lane (Town) Balt. (County)

Date of death 1909 Month 4 Day 21

Age Years — Months — Days 1/2

Sex M Color or Race W Birthplace Brehms Lane

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Charles Breeback Father's Birthplace Balt Co. Md

Mother's Maiden Name Marnie Thim Mother's Birthplace Balt. Md.

Name of person giving Information Chas. Breeback How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

36

Primary Premature Birth (probably specific disease) How long lived few hours only

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. L. Mitchison

Address Roseburg N

Accident or Suicide Neither

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 6-20--09

Mr. Sippel.

Name in Full: Charlotte Hampson Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Roland Park (County): Baltimore

Date of death: Month: Apr. Day: 12 Years: 23 Months: 3 Days: 7

Sex: Female Color or Race: White Birthplace: Balto. Co. Md.

Occupation: None. Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: — " —

Father's Name: John B. Brown Father's Birthplace: Baltimore Md.

Mother's Maiden Name: Clara Hampson Mother's Birthplace: Newark N. J.

Name of person giving information: John B. Brown How related to deceased: Father

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 2 years

Immediate: General Asthenia How long: 3 months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. Gibson Lorin

Address: Roland Park Md.

1

Accident or Suicide? No Disinfected — Apr. 15th by Sec. Bl[illegible]

J. J. Smith

Greenmount

Baltimore
Md

Dos Gladstone Avenue Paris

Name in Full: Daisy B. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Alberton (Town) — Baltimore (County)

Date of death: 1909 — Month: Apr — Day: 12 — Years: 27 — Months: 3 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Widow or~~ Husband: William W. Brown

Father's Name: L. C. Powell — Father's Birthplace: Virginia

Mother's Maiden Name: Carrie Pence — Mother's Birthplace: Virginia

Name of person giving Information: Mrs. Carrie Powell — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: About 13 months

Immediate: Asthenia — How long: 6 months (?)

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm B Gambrill

Address: Ellicott City, Md.

Accident or Suicide

PHYSICIAN OR CORONER

1

2

OFFICE SUPPLY CO., 11-15-08

Name in Full: John F. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westport; County: Baltimore

Date of death 1909: Month: April; Day: 8; Years: 88; Months: 3; Days: 9

Sex: Male; Color or Race: White; Birthplace: Worcester

Occupation: Painter; Where Residing if not at place of death: Westport

Married, Single or Widowed: Widowed; Name of Wife or Husband: Mary Brown

Father's Name: James Brown; Father's Birthplace: Worcester

Mother's Maiden Name: Mary Flemming; Mother's Birthplace: Somerset Co.

Name of person giving information: Mary Brown; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: La Grippe; How long: 1 week.

Immediate: Pneumonia; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: R. V. Glenn

Address: Mt Vernon

PHYSICIAN OR CORONER

Accident or Suicide?

1

3

Jos B Cook

Name in Full: Mary J. Brown. +

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bradshaw — County: Baltimore

Date of death 1909	Month	Day	Years	Months	Days
	7	6	Age 67		

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Midwife — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife or Husband: Peter Brown

Father's Name: not known — Father's Birthplace: not known

Mother's Maiden Name: not known — Mother's Birthplace: not known

Name of person giving Information: Peter Brown — How related to deceased: Husband

CAUSES OF DEATH

(27)

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: one year

Immediate: asthma, heart failure — How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. F. H. Gossuch

Address: Fork Md.

(1)

Accident or Suicide?

11

Name in Full: Ray Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Johns; County: Baltimore

Date of death 1909: Month: Apr.; Day: 2

Age: Years: —; Months: 9; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Md.

Married, Single or Widowed: X

Occupation: X

Name of Wife or Husband: X

Father's Name: Joseph Brown

Father's Birthplace: Md

Mother's Maiden Name: Maria Tirly

Mother's Birthplace: Md

Name of person giving In formation: Joseph Brown

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

35

Primary: Scrofula

How long: 9 mo

Immediate: Spasms

How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Rowe Price

Address: Glyndon Md

Accident or Suicide? —

PHYSICIAN OR CORONER

1

LIBRARY BUREAU A88516

Name in Full: Frederick Bruening.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Raspburg — County: Baltimore

Date of death 1909: Month: April — Day: 13 — Years: 21 — Months: 7 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Henry Bruening — Father's Birthplace: Germany.

Mother's Maiden Name: Margaret Witch — Mother's Birthplace: Germany.

Name of person giving information: Margaret Bruening — How related to deceased: Mother.

CAUSES OF DEATH

69

PHYSICIAN OR CORONER

Primary: Epilepsy — How long: 21 years

Immediate: Status Epilepticus. Exhaustion — How long: few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Joseph B. Webster MD

Address: Raspburg Md

Accident or Suicide?

14

Baltic Country
April 16th 09
H. Sander & Son

Name in Full: Esther Sidney Buchanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Roland Park; County: Baltimore; MARYLAND

Date of death 1909: Month: April; Day: 5th; Years: Age 64; Months: ; Days:

Sex: Female; Color or Race: white; Birth-place:

Occupation: none; Where Residing if not at place of death: 1021 Cathedral St Balto

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: William B. Buchanan; Father's Birthplace: Balto Md

Mother's Maiden Name: Ellen Carr; Mother's Birthplace: Va.

Name of person giving Information: Archibald Taylor; How related to deceased: Friend

CAUSES OF DEATH

40

PHYSICIAN OR CORONER

Primary: Carcinoma of Liver; How long: 18 mos

Immediate: Pulmonary oedema; How long: one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry B. Thomas

Address: 1007 Cathedral St

Accident or Suicide:

OFFICE SUPPLY CO. 5-20--08

Place of Burial
Elm Grove = Wheeling West Va
April 6th/09
Henry H. Jenkins and Sons Co.

Name in Full: Joshua Connell Bull

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Forestor — County: Balto.

Date of death 1909 — Month: April — Day: 27th — Age: Years 76 — Months — Days 22

Sex: Male — Color or Race: White — Birthplace: Balto. County

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Elizabeth Ann Bull

Father's Name: Jacob H. Bull — Father's Birthplace: Balto. Co.,

Mother's Maiden Name: Miss Bone — Mother's Birthplace: Don't Know

Name of person giving In formation: Missouri Bull — How related to deceased: daughter

CAUSES OF DEATH

10

PHYSICIAN OR CORONER

Primary: Grippe and pneumonia — How long: Seven days

Immediate: Paralysis of heart — How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Norris M.D.

Address: Health officer for 6th district

Accident or Suicide?

6

Name in Full: Callary

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gorsuch — County: Baltimore

Date of death: 1909 — Month: April — Day: 19 — Years: — Months: — Days: 3

Age

Sex: male — Color or Race: White — Birthplace: Gorsuch Md.

Occupation: none — Where Residing if not at place of death: Gorsuch "

Married, Single or Widowed: single — Name of Wife or Husband: None

Father's Name: Patrick Callary — Father's Birthplace: Ashland Md.

Mother's Maiden Name: Fannie May Bull — Mother's Birthplace: Harford Co. Md.

Name of person giving information: Mrs Patrick Callary — How related to deceased: Mother

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long

Immediate: Intra Cranial Hemorrhage — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Olson Dunnick

Address: Stewartstown, Pa.

Accident or Suicide?

Name in Full: Charles. Calp Jr. X

CERTIFICATE OF DEATH

MARYLAND

Town: Beckleyville | County: Balto.

Date of death 190 9 | Month: April | Day: 11th | Age: Years 3 Mos. | Months | Days

Sex: Male | Color or Race: White | Birthplace: Beckleyville

Married, Single or Widowed | Occupation

Name of Wife or Husband

Father's Name: Chas. Calp | Father's Birthplace: Hollmanville

Mother's Maiden Name: Virginia Calp | Mother's Birthplace: Beckleyville

Name of person giving information: Charlie Calp | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

151

~~Primary~~ Premature birth | How long

Immediate Cause: Lack of development | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician: J. B. Navre M.D.

Address: Freeland Md.

Accident or Suicide?

1

Name in Full: Henry Campbell

CERTIFICATE OF DEATH

MARYLAND

Town: St. Agnes Hospital County: Balto.

Died at

Date of death 1909 Month: Apr. Day: 5 Years: 41 Months: Days:

Age

Sex: Male Color or Race: White Birthplace: Ireland

Occupation: Labour Where Residing if not at place of death: 411 - S. Castle St.

Married, Single or Widowed: Mar. Name of Wife or Husband: Mrs. Helen Campbell

Father's Name: James Campbell Father's Birthplace: Ireland

Mother's Maiden Name: Dont Know Mother's Birthplace: Ireland

Name of person giving Information: Ellen Campbell How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Arteriosclerosis How long

Immediate: Cerebral Hemorrhage & Asthenia How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Fredy Crook

Address: Stagnes Hospital

Accident or Suicide?

1

St. Patricks Cemetery
April 7th 09
Lilly and Zeiler
Undertakers

Name in Full: William A. Christner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at — Town: Morrell Park — County: Balto

Date of death 1909 — Month: April — Day: 15 — Age: Years 72 — Months 3 — Days 10

Sex: Male — Color or Race: White — Birthplace: Balto. Md.

Occupation: Potter — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Sarah Christner

Father's Name: Joseph Christner — Father's Birthplace: unknown

Mother's Maiden Name: unknown — Mother's Birthplace: Unknown

Name of person giving Information: Amanda Cole — How related to deceased: sister in law

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

1

Primary: Brights disease — How long: 3 mos.

Immediate: Uremia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. S. McKie Jr.

Address: Morrell Park

Balto Co Md.

Accident or Suicide?

Name in Full: Emma E Clagette

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Randallstown (Town) Baltimore (County)

Date of death: 1909 April (Month) 2 (Day)

Age: Years 34 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Balto Co Md

Occupation: Housewife

Where Residing if not at place of death: Randallstown

Married, Single or Widowed: Married

Name of Wife or Husband: ~~Hus~~ J Harman Clagette

Father's Name: John Brown

Father's Birthplace: Balto Co Md

Mother's Maiden Name: Not known

Mother's Birthplace: Balto Co Md

Name of person giving information: Charles Clagette

How related to deceased: Brother

116

CAUSES OF DEATH

PHYSICIAN OR CORONER

1

Primary: Peritonitis — How long: 48 hours

Immediate: Cardiac Asthma — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo A Buppert

Address: Roslyn Baltimore Co

Accident or Suicide? —

Name in Full: Stella E Clazitte

CERTIFICATE OF DEATH

MARYLAND

Died at: Randallstown (Town) — Balto (County)

Date of death: 1909 — Month: Apr — Day: 6

Age: Years: 2 — Months: 6 — Days:

Sex: female — Color or Race: white — Birthplace: Md

Occupation: none — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: J. Harmon Clazitte — Father's Birthplace: Md

Mother's Maiden Name: Emma E Bowen (deceased) — Mother's Birthplace: Md

Name of person giving In formation: Chas Clazitt — How related to deceased: uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

9

Primary: Laryngeal Diphtheria — How long: 3 days

Immediate: Exhaustion — How long: two hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. V. Thieper Coroner

Address: Towson Md

Accident or Suicide?

PHYSICIAN OR CORONER

1

Name in Full: Minie Clifford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hamilton; County: Balto

Date of death: Month: 4; Day: 10; 1909

Age: Years: 29; Months: 6; Days: 3

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: Housewife; Where Residing if not at place of death: "

Married, ~~Single or Widow~~: Name of ~~Wife or~~ Husband: Thomas Clifford

Father's Name: Chas Miller; Father's Birthplace: Germany

Mother's Maiden Name: Catharine Schleiger; Mother's Birthplace: "

Name of person giving Information: Thomas Clifford; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 1 yr

Immediate: Pulmonary Tuberculosis; How long: 1 yr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. L. Tongue M.D.

Address: Hamilton Md

Accident or Suicide? No

1

75

77 76 73

76

Name in Full: Harry W. Cole

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): St Georges
County: Batto

Date of death 1909 — Month: April — Day: 17
Age — Years: 49 — Months: — Days: —

Sex: Male
Color or Race: White
Birthplace: Batto. co. Md

Occupation: Day Labor
Where Residing if not at place of death:

Married, Single or Widowed: Married
Name of Wife or Husband: Girtrude Cole

Father's Name: Charlie H Cole
Father's Birthplace: Batto co. Md

Mother's Maiden Name: Rebecca Scott
Mother's Birthplace: Batto. co. Md

Name of person giving Information: Girtrude Cole
How related to deceased: wife

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: Bronchites
How long: about 2 weeks

Immediate: Pneumonia
How long: ~~about 2 weeks~~ about one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr H H Campbell

Address: Owings Mills. Md

Accident or Suicide

OFFICE SUPPLY CO. 5-20-08

Friends Meeting House

Name in Full: Ella Maud Connolly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baldwin; County: Balto

Date of death: 1909; Month: Apr.; Day: 28; Years: 40; Months: 8; Days: 28

Sex: Female; Color or Race: white; Birthplace: Balto Co. Md

Occupation: house wife; Where Residing if not at place of death: Same

Married, Single or Widowed: Married; Name of Wife or Husband: Dixon Connolly

Father's Name: John Lunette; Father's Birthplace: Germany

Mother's Maiden Name: Katharine Beader; Mother's Birthplace: Md.

Name of person giving information: Dixon Connoly; How related to deceased: husband

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: uremia, How long: 2 Years.

Immediate: convulsion, How long: 1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: James F. H. Gerwich

Address: Fork Md

1

~~Accident or Suicide~~?

Name in Full: Frank Crawley.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Catonsville. (County): Balto

Date of death 1909 (Month): April (Day): 29 Age (Years): 78 (Months): — (Days): —

Sex: Male Color or Race: Colored. Birthplace: Virginia

Occupation: Laborer. Where Residing if not at place of death: Catonsville Md

Married, Single or Widowed: Unknown Name of Wife or Husband: Unknown

Father's Name: Unknown. Father's Birthplace: Virginia

Mother's Maiden Name: Unknown. Mother's Birthplace: Virginia

Name of person giving In formation: Nicholas Maisel How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Nephritis How long: 1 yr

Immediate: Hemorrhage Pulmonary How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Marshall B. Wrot.

Address: Catonsville, Md.

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Nora Crocken

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Lansdowne (Stony Heights) County: Baltimore

Date of death 1909 Month: April Day: 2 Age Years: 1 Months: 2 Days: —

Sex: female Color or Race: white Birthplace: Balt Co. Md.

Occupation: Infant Where Residing if not at place of death: —

Married, Single or Widowed: Name of Wife or Husband: —

Father's Name: Edward Crocken Father's Birthplace: Balt. Md.

Mother's Maiden Name: Annie Borland Mother's Birthplace: Balt. Md.

Name of person giving Information: Ethel Janeske How related to deceased: Friend.

CAUSES OF DEATH

6

PHYSICIAN OR CORONER

Primary: Measles — How long: 12 days

Immediate: Pneumonia and Convulsions How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Kehl

Address: Lansdowne, Balt Co Md

Accident or Suicide?

13

Name in Full: Mamie Vernice Curtis

CERTIFICATE OF DEATH

MARYLAND

Died at: Butler (Town) — Baltimore (County)

Date of death: 1909 — Month: 4 — Day: 30

Age: Years: 7 — Months: 6 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Butler Md

Occupation: school girl — Where Residing if not at place of death: —

~~Married, Single or Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levi Curtis, Brille — Father's Birthplace: Butler Md

Mother's Maiden Name: Annie Rebecca ~~Curtis~~ — Mother's Birthplace: Mt Carmel Md

Name of person giving information: Levi Curtis — How related to deceased: Father

CAUSES OF DEATH

9

Primary: Laryngeal croup — How long: two days

Immediate: Asphyxia — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. W. Sherman Jr M.D.

Address: Glencoe Md.

PHYSICIAN OR CORONER

9

Accident or Suicide?

Name in Full: Robert M. Denison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Timonium; County: Balto

Date of death 1909: Month: April; Day: 20; Age: Years: 95; Months: 4; Days: 21

Sex: Male; Color or Race: white; Birthplace: Balto. Md.

Occupation: Retired; Where Residing if not at place of death:

~~Married, Single or~~ Widowed: Widow; Name of Wife or Husband:

Father's Name: Edward Denison; Father's Birthplace: England

Mother's Maiden Name: Elizabeth Wilson; Mother's Birthplace: Penna.

Name of person giving Information: Chas. C. Denison; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

166

Primary: Injury to hip, (greatly bruised). Fell trying on a lawn mower. Lacerated ligaments and muscles. How long: 7 weeks

Immediate: Exhaustion Coma How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. B. R. Benson

Address: Cockeysville Md

PHYSICIAN OR CORONER

1

~~Accident or Suicide~~ Accident.

OFFICE SUPPLY CO. 8-20--08

Henry H. Fulton Und Hons Co

Greenmount Cem

April 22nd 09

Name in Full: Rachel Derricks

CERTIFICATE OF DEATH

MARYLAND

Died at: Cockatowbe (Town) Batto (County)

Date of death 1909 April (Month) 15 (Day) Age 76 (Years) Months — Days —

Sex: Female

Color or Race: Colored

Birth-place: Batto. co. Md

Occupation: House wife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: William Derricks

Father's Name: Isiah Brown

Father's Birthplace: Batto. co. Md

Mother's Maiden Name: Sofia Davis

Mother's Birthplace: Batto. co. Md

Name of person giving Information: William Derricks

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

114

Primary: Senile debility — How long: several yrs

Immediate: Hypertrophic Hepatitis — How long: some mts

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. E. Mc

Address: Pikesville Md.

PHYSICIAN OR CORONER

1

Accident or Suicide

OFFICE SUPPLY CO., 11-15-08

Joseph Elmer -

Piney Grove Cemetery.

Name in Full: Dr Frederick Dittus

CERTIFICATE OF DEATH

MARYLAND

Died at: Pikesville (Town) Baltimore (County)

Date of death 1909 Month: 4 Day: 27 Years: 67 Months: — Days: —

Sex: Male Color or Race: White Birth-place: Balt. City

Occupation: Butcher Where Residing if not at place of death: Pikesville

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Wm. Dittus Father's Birthplace: Germany

Mother's Maiden Name: Do not Know Mother's Birthplace: Do not Know

Name of person giving Information: Chas. Dellum How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Senile debility How long: Several yrs

Immediate: Valvular heart disease How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. O. Mp

Address: Pikesville Md

Accident or Suicide

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO., 11-15-08

Name in Full: George Drescher

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Balto. (County)

Date of death 1909: April (Month) 25 (Day)

Age: 62 Years; 9 Months; 19 Days

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Laborer

Where Residing if not at place of death: 3321 Foster Ave

Married, Single or Widowed: Married

Name of Wife or Husband: Eva Shess

Fathar's Name: George Drescher

Father's Birthplace: Germany

Mother's Maiden Name: Don't Know

Mother's Birthplace: " "

Name of person giving Information: Eva Drescher

How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

40

Primary: Cancer Stomach & oesophagus — How long: 6 mos. —

Immediate: Cardiac syncope — How long: 3 days. —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. McClenahan M.D.

Address: #619 S. Clinton St.

Accident or Suicide

PHYSICIAN OR CORONER

1

Sacred Heart Cemetery
April 28th 09
Lilly and Zeiler
Undertakers.

Name in Full: Mary E. Ellis

CERTIFICATE OF DEATH

MARYLAND

Died at: Towsontown, Town; Balto, County

Date of death: 1909, Month: April, Day: 26

Age: Years: 62, Months: one, Days: 10

Sex: Female

Color or Race: White

Birthplace: Balto Co.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John Ellis

Father's Birthplace: Ireland

Mother's Maiden Name: Johnna

Mother's Birthplace: Ireland

Name of person giving information: Brother

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

9

Primary: Dysphagia

How long:

Immediate: Pneumonia

How long:

PHYSICIAN OR CORONER

1

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Barron, MD

Address: 2635 York Road, Balto City

Accident or Suicide?

E. A. Weidfeld Jr
2113 Greenmount Ave
St. Marys Govans
Balto Co

Name in Full: Henry Furlong Emich

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Arlington; County: Baltimore

Date of death: 1909 April 20

Age: Years 76; Months 5; Days 3

Sex: Male

Color or Race: White

Birthplace: Baltimore City

Occupation: Harness & Saddlery

Where Residing if not at place of death: at place of death Arlington

Married, Single or Widowed: Married

Name of Wife or Husband: Mary Sophia Emich

Father's Name: Nicholas Emich

Father's Birthplace: Balto. County

Mother's Maiden Name: Julianna Forsythe

Mother's Birthplace: Balto. city

Name of person giving information: Mary S. Emich

How related to deceased: wife

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic heart disease — How long: about 6 mos.

Immediate: Exhaustion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. K. G. Joyce

Address: 1235 W. Lafayette Ave Baltimore

Accident or Suicide: Neither

1

C. A. Kraft
Reutlerstown Cemetery
"

Name in Full: Mordecai Ensor

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cockeysville County: Balto

Date of death 1909 Month: April Day: 20 Age: Years 85 Months: 1 Days:

Sex: Male Color or Race: White Birthplace: Belfast Md

Occupation: Retired Where Residing if not at place of death: —

~~Married, Single~~ or Widowed Name ~~of Wife or Husband~~: wife Catherine Wheeler

Father's Name: Abram Ensor Father's Birthplace: Belfast Md

Mother's Maiden Name: Rebecca Gale Mother's Birthplace: Butler Md

Name of person giving information: Lizzie Dorsey Ensor How related to deceased: Daughter

CAUSES OF DEATH 10

Primary: La Grippe How long: 2 days

Immediate: Pneumonia How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. T. R. Bruser

Address: Cockeysville Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

1

8

Name in Full: Infant Child of John P. & Margaret A. Forney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Pimlico (Town) — Baltimore (County)

Date of death: 1909 — Month: 4 — Day: 5

Age: Years — Months — ~~Days~~ 9 hours

Sex: Male — Color or Race: White — Birthplace: Pimlico

Occupation: — Where Residing if not at place of death: Pimlico

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John P. Forney — Father's Birthplace: Carroll Co

Mother's Maiden Name: Margaret A. Harman — Mother's Birthplace: "

Name of person giving information: John P. Forney — How related to deceased: Father

CAUSES OF DEATH

150

PHYSICIAN OR CORONER

Primary: Congenital Debility — How long: 9 hours

Immediate: Cyanosis — How long: 9 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M. W. Leonard

Address: Allegheny

Accident or Suicide?

1

Name in Full: Joshua Kemp Fowble +

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Butler County: Balto.

Date of death 1909 Month: 4 Day: 11 Age Years: 54 Months: 7 Days: 1

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Farmer Where Residing if not at place of death: Butler Md.

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: Joseph M. Fowble Father's Birthplace: Md-

Mother's Maiden Name: Julia Ann Kemp Mother's Birthplace: Md.

Name of person giving information: Peter Fowble How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

78

Primary: Endocarditis How long: Sudden.

Immediate: Apnoea How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wilmer C. Ensor M.D.

Address: Cockeysville Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

1

8

Interment at Black
Rock Cemetery on
Wednesday 14th _ 09
M. C. Brooks

Name in Full: Ernest M Frantz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glyndon | County: Balto

Date of death: 1909 | Month: April | Day: 11 | Age: Years: 42 | Months: 4 | Days: 16

Sex: Male | Color or Race: White | Birthplace: Penna

Occupation: Farmer | Where Residing if not at place of death: —

Married, Single or Widowed: Married | Name of Wife or Husband: Florance Frantz

Father's Name: Elijah Frantz | Father's Birthplace: Penna

Mother's Maiden Name: Martha V. Funk | Mother's Birthplace: Penna

Name of person giving Information: Florance Frantz | How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: La Grippe & abscess of ear | How long: 4 days

Immediate: Infecting of brain & Inflammation | How long: 48 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F Kent Price

Address: Glyndon

Accident or Suicide: nil

1

OFFICE SUPPLY CO. 6-20--08

Name in Full: Sarah Jane Freeland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Freelands — Town; Bath — County

Date of death 1909 — Month: Apr. — Day: 26 — Age: Years 82 — Months: 1 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Penna

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Caleb Freeland.

Father's Name: David K. Clough — Father's Birthplace: Penna

Mother's Maiden Name: Sarah Ann McDonald — Mother's Birthplace: " " "

Name of person giving information: Caleb Freeland — How related to deceased: Husband.

CAUSES OF DEATH

81

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Yagle

Address: New Freedom Pa.

1

Accident or Suicide? —

Name in Full: Bessie Giligan.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Arlington — County: Baltimore

Date of death 1909 — Month: April — Day: 10th — Years: Age 54 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Housewife — Where Residing if not at place of death: Same

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Patrick Mahoney — Father's Birthplace: Ireland

Mother's Maiden Name: Marie Clarke — Mother's Birthplace: "

Name of person giving information: Cora M. Gilligan — How related to deceased: Daughter

CAUSES OF DEATH 79

Primary: Fatty degeneration of heart. — How long: Indefinite

Immediate: Slight exertion — How long: Instantly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles F. Hill

Address: Sta E. Baltimore Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Martin Fahey & Sons
Undertakers
New Cathedral
Com

Name in Full: Ernest Gill

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Govanstown (Town) — Baltimore (County) — MARYLAND

Date of death: 1909 April 3 (Month, Day) — Age: 61 Years, Months, Days

Sex: male — Color or Race: white — Birthplace: Baltimore Md.

Occupation: Tea merchant — Where Residing if not at place of death: Govanstown

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Lillie R. Gill

Father's Name: Owen A. Gill — Father's Birthplace: not known

Mother's Maiden Name: not known — Mother's Birthplace: Md

Name of person giving information: Ernest A. Gill — How related to deceased: son

81

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Coma — How long: 2 months.

Immediate: Edema lungs. — How long: 12 hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Jas. E. Clark

Address: 1201 Madison Ave.

Accident or Suicide: ——

Clark mad + Dolphin

1

9

OFFICE SUPPLY CO., 11-15-08

Interment in
Louden Park cemetery
April 6 1909

Stewart & Mowen Co
215 Park ave
Baltimore Md.

Name in Full: Rhoda M Gobbart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hamsville (Town) — Balto Co (County)

Date of death: 1909 April 12

Age: Years 20 Months 7 Days 18

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housekeeper

Where Residing if not at place of death: Hamsville

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Joseph Gobbart

Father's Birthplace: Balto

Mother's Maiden Name: Nancy Randolph

Mother's Birthplace: Balto

Name of person giving information: A Agnes Gobbart

How related to deceased: Sister

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Mitral Stenosis — How long: 4 yrs.

Immediate: Chronic Nephritis — How long: 2 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm E Burgert

Address: Roslyn Balto Co Md

Accident or Suicide? —

Name in Full: Sarah G. Gorden

CERTIFICATE OF DEATH

MARYLAND

Died at: Reisterstown (Town) — Baltimore (County)

Date of death 1909: April (Month) 21 (Day)

Age: 3 Years 4 Months —— Days

Sex: Female

Color or Race: white

Birthplace: Carroll Co. Md

Occupation: ——

Where Residing if not at place of death: ——

Married, Single or Widowed: Single

Name of Wife or Husband: ——

Father's Name: Clarance Gorden

Father's Birthplace: Penna

Mother's Maiden Name: Jane Turnbaugh

Mother's Birthplace: Balto. Co. Md

Name of person giving Information: Clarance Gorden

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

6

Primary: Interstitial Bronchitis & Measles — How long: 1st Dis. 18 month.

Immediate: Pneumonia — How long: Dail Pneu

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Lowrie

Address: Glyndon Md

Accident or Suicide: X

PHYSICIAN OR CORONER

1

Name in Full: Clarance R Gordon

CERTIFICATE OF DEATH

MARYLAND

Died at: Rustburtown (Town) — Bedford (County)

Date of death 1909 — Month: April — Day: 19 — Age: Years: 1 — Months: 3 — Days: —

Sex: Male — Color or Race: White — Birthplace: Bedford Co Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Clarance V. Gordon — Father's Birthplace: Penna

Mother's Maiden Name: Jane Turnbaugh — Mother's Birthplace: Bedford Co Md

Name of person giving Information: Clarance V. Gordon — How ralated to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

6

Primary: Measles — How long: 1 week

Immediate: Pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Rentline

Address: Glyndon

Accident or Suicide: no

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO. 6-20--08

To be Buried
at Restinatown

Name in Full: Alice Gray

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Hope Retreat (County): Baltimore

Date of death 1909: Month: Apr Day: 7th Years: 72 Months: Not Known Days: Not Known

Sex: Female Color or Race: White Birthplace: Dont Know

Occupation: None Where Residing if not at place of death: ~~Mt Hope~~ Dont Know

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: not Known Father's Birthplace: Dont Know

Mother's Maiden Name: " " Mother's Birthplace: " "

Name of person giving Information: Recds Mt Hope Retreat How related to deceased: not at all

68

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Terminal Dementia How long: Many years

Immediate: Ex - Ed Lumpsin How long: 12 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Mt Hope Md.

Accident or Suicide

OFFICE SUPPLY CO., 11-15-08

Name in Full: Virgie May Grimes

CERTIFICATE OF DEATH

MARYLAND

Died at: Owings Mills (Town) Balto (County)

Date of death 1909 April (Month) 8 (Day)

Age: Years — Months 1 Days —

Sex: Female

Color or Race: white

Birthplace: Balto. Co. Md

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Marshall W. Grimes

Father's Birthplace: Frederick Co. Md

Mother's Maiden Name: Rosie A. Pool

Mother's Birthplace: Frederick Co. Md

Name of person giving Information: Marshall W. Grimes

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

71

Primary: Unknown — How long about one week

Immediate: Spasms — How long 2 or 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Campbell

Address: Owings Mills Md

Accident or Suicide

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO., 11-15-08

Name in Full: George Hall,

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Ballo

Date of death 1909 — Month: April — Day: 18. — Age: Years 55. — Months — — Days —

Sex: male — Color or Race: Col'd — Birthplace: W. Va.

Occupation: Laborer. — Where Residing if not at place of death: Catonsville

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Hall

Father's Name: Unknown. — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Arthur Moore — How related to deceased: none

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Nephritis. — How long: 1 yr

Immediate: Uremic Convulsions — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B. Wolf,

Address: Catonsville, Md.

Accident or Suicide?

National Cemetery
of Odd Fellows
Alex Hemphill
Interred 5/8/91
Block 21

Name in Full: Jane Rebecca Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Catonsville County: Ballo

Date of death: 1909 Month: April Day: 29 Age: Years 51 Months — Days —

Sex: female Color or Race: Colored Birthplace: Catonsville

Occupation: washerwoman Where Residing if not at place of death: Catonsville

Married, Single or Widowed: Married Name of ~~Wife or~~ Husband: Henry Hall

Father's Name: Lewis Gray Father's Birthplace: Unknown

Mother's Maiden Name: Henetta Gray Mother's Birthplace: Unknown

Name of person giving Information: Henry Hall. How related to deceased: Husband

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 4 mos

Immediate: Asthenia How long: 2 mos

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician: Marshall B Wolf.

Address: Catonsville Md

~~Accident or Suicide?~~

Maple Ave

Name in Full: Jacob Hartman

CERTIFICATE OF DEATH

MARYLAND

Died at: Westport (Town) Baltimore (County)

Date of death 1904 April 6 — Age: 34 Years 2 Months 7 Days

Sex: male — Color or Race: white — Birthplace: Sibury Germany

Occupation: Stopper Grinder — Where Residing if not at place of death: Westport

Married, Single or Widowed: Single — Name of Wife or Husband: Single

Father's Name: Geo Hartman — Father's Birthplace: Germany.

Mother's Maiden Name: Elizabeth Paris — Mother's Birthplace: Germany.

Name of person giving information: August Hartman — How related to deceased: brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27 (104)

PHYSICIAN OR CORONER

Primary: Cirrhosis and Phthisis — How long: 6 months.

Immediate: Exhaustion. — How long: 8 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: R V Glenn

Address: Mt Winans. 13

Cause of death corrected on affidavit of attending physician Dr. R. V. Glenn from the records of Board of Health.

Accident or Suicide? not.

LIBRARY BUREAU A88616

Affidavit filed
under Mr. R. V. Glann
October 12 - 1914.

Name in Full: Margaret H. Harvey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Back River — County: Balto.

Date of death 190 9 — Month: 4 — Day: 6 — Age: Years 37 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Balt

Occupation: None — Where Residing if not at place of death: Eastern Road Back River

~~Married, Single~~ or Widowed — Name of Wife or Husband: William Harvey

Father's Name: Thomas Green — Father's Birthplace: Balt

Mother's Maiden Name: Bridgit Gill — Mother's Birthplace: Balt

Name of person giving Information: Thoms Green — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Cr. Inst Nephritis — How long

Immediate: Uremia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred Carruthers

Address: 2229 E Baltc St

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 5-20--08

Wendell Dippel & Son —

Oak Grove Cemetery. —

Sat. April 10/09.

Name in Full: George Oscar Goldsborough Helfrich

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death: Month: April; Day: 12; 1909

Age: Years: —; Months: 1; Days: 7

Sex: Male

Color or Race: White

Birthplace: Catonsville

Occupation: none

Where Residing if not at place of death: Catonsville Md

Married, Single or Widowed: Single

Name of Wife or Husband: none

Father's Name: John S Helfrich

Father's Birthplace: Balto Co

Mother's Maiden Name: Agnes J. Goldsbrough

Mother's Birthplace: Baltimore

Name of person giving Information: John S Helfrich

How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

90

Primary: Bronchitis — How long: 4 days

Immediate: asthenia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B. Wood.

Address: Catonsville, Md.

PHYSICIAN OR CORONER

1

~~Accident or Suicide?~~

Name in Full: Mary Katherine Hinder X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sunnybrook — County: Baltimore

Date of death 1909: Month: Apr — Day: 1st — Age: Years: 15 — Months: 11 — Days: 19

Sex: Female — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: ~~Single~~ — Name of Wife or Husband: —

Father's Name: J. Fielding Hinder — Father's Birthplace: Balto. Co. Md.

Mother's Maiden Name: Carrie Schmidt — Mother's Birthplace: Balto. Co. Md.

Name of person giving In formation: Mrs Carrie Davis — How related to deceased: Mother

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Six months

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. E. Payne

Address: Sparrows Point

Accident or Suicide?

1

10

Name in Full: Mary Ella Hinton. +

CERTIFICATE OF DEATH

MARYLAND

Town: Arlington — County: Baltimore

Died at — Date of death: 1909 April 1 — Day: 1 — Age: 69 Years, 11 Months, 4 Days

Sex: Female — Color or Race: White — Birthplace: Va.

Occupation: Housewife — Where Residing if not at place of death: Arlington Md.

Married, Single or Widowed: Widowed — Name of Wife or Husband: William Emmett Hinton.

Father's Name: James Haskins — Father's Birthplace: Va.

Mother's Maiden Name: Mary Haskins. — Mother's Birthplace: Va.

Name of person giving information: Philip Llewellyn Hinton — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: Albuminuria. — How long: Years.

Immediate: La Grippe Shock. — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M. A. Coxwell M.D.

Address: Arlington.

Accident or Suicide?

PHYSICIAN OR CORONER

1

LIBRARY BUREAU A88619

Wm Nicolaus & Son

Petersburg Va. Sec. Co

Va

Name in Full: Catherine Hoehn

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highfeandtown (Town) — Balto. (County) — MARYLAND

Date of death 1909: Month 4, Day 6

Age: Years 40, Months 1, Days 14

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Henry Hoehn

Father's Name: Frederick Fornjes — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: Germany

Name of person giving Information: Henry Hoehn — How related to deceased: Husband

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

1

Primary: Pulmonary Tuberculosis — How long: about 3 years

Immediate: Exhaustion — How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. A. Geantz M.D.

Address: 3741 Eastern Ave

Accident or Suicide

OFFICE SUPPLY CO. 5-20--88

Trinity Cemetery
Landis Sons
April 8. 1909

Name in Full: David Walter Hooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

	Town	County
Died at	Near Healthorpe	Baltimore

Date of death	Month	Day	Years	Months	Days
1909	April	17	Age 24	✓	✓

Sex: Male — Color or Race: White — Birthplace: Balto

Occupation: Press Hands — Where Residing if not at place of death: 1505 Bird St Balto Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: David Walter Hooper — Father's Birthplace: Balto

Mother's Maiden Name: Mary E Preston — Mother's Birthplace: Virginia

Name of person giving information: David Walter Hooper — How related to deceased: Father

CAUSES OF DEATH

166

PHYSICIAN OR CORONER

Primary — How long

Immediate: Struck by Engine PB&BRR at Healthorpe 13th Dist Balto County

Are the name, age, sex, color, date and place correctly given above?

Signature Physician: Coroner Robert E Clarke

Address: St Denis Md 12

Accident or ~~Suicide~~? Accident

1

A. Frew. McCully
Undertaker
39 E. Fort Ave
For Burial at
Cedar Hill Cemetery

Name in Full: Earl Ulysses Hughes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Helena — County: Balto.

Date of death: 1909 — Month: Apr. — Day: 25 — Age: Years: — Months: 1 — Days: 14

Sex: Male — Color or Race: white — Birthplace: St Helena

Occupation: — Where Residing if not at place of death: St Helena

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John A Hughes — Father's Birthplace: Md

Mother's Maiden Name: Margaret Bauressschut — Mother's Birthplace: Md.

Name of person giving In formation: John A Hughes — How related to deceased: father

CAUSES OF DEATH

151

PHYSICIAN OR CORONER

Primary: Merasmus — How long: since birth

Immediate: exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. McCormick M.D.

Address: Sparrows Point.

Accident or Suicide? No

Name in Full: Elizabeth A Hunt +

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mitchell — County: Balto — **MARYLAND**

Date of death 1909: Month: 4 — Day: 16 — Age: Years: 71 — Months: 7 — Days: 13

Sex: Female — Color or Race: White — Birth-place: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Huaband: Geo O Hunt

Father's Name: Ignatius Knight — Father's Birthplace: Md

Mother's Maiden Name: Rachel Seabrook — Mother's Birthplace: Md

Name of person giving Information: Geo O Hunt — How related to deceased: Husband

CAUSES OF DEATH

40

PHYSICIAN OR CORONER

1

Primary: Carcinoma of Liver — How long: Bt. 2 & 3 yrs.

Immediate: Dyspnea Acute — How long: 14 days.

Are the name, aga, sex, color, data and place correctly givan above? yes.

Signatura of Physician: Thomas C. Baecum

Address: White Hall Md.

Accident or Suicide

7

Name in Full: Charles Hustedt, Jr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death: 1909 — Month: April — Day: 11 — Years: 53 — Months: — Days: 27

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Laborer — Where Residing if not at place of death: 1111 S. East ave

Married, ~~Single or Widowed~~: Married — Name of Wife or Husband: Minnie Hustedt

Father's Name: Charles Hustedt, Sr — Father's Birthplace: Germany

Mother's Maiden Name: Catherine Buechmann — Mother's Birthplace: Germany

Name of person giving information: Minnie Hustedt — How related to deceased: Wife

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 2 days

Immediate: Cardiac syncope — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Jones M. D.

Address: 3116 O'Donnell st

Accident or Suicide? —

Zikler + Zikler
1739 E. Eager St.

Trinity Cemetery
April 14-1909

Name in Full: Chas M. Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at 3515 Clairmont St. Baltimore City

Town: Ft. Franklin

County: Balto

Date of death: 1909 Month: Feb Day: 5

Years: 70 Months: — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Black Smith

Where Residing if not at place of death: 3515 Clairmont St

Married, ~~Single or Widowed~~

Name of Wife or Husband: Agnes T Jackson

Father's Name: Not Known

Father's Birthplace: Not Known

Mother's Maiden Name: Not Known

Mother's Birthplace: Not Known

Name of person giving In formation: L Barnett

How related to deceased: Son in law

CAUSES OF DEATH

40

PHYSICIAN OR CORONER

1

Primary: Carcinoma Stomach

How long: 2 yrs

Immediate: Exhaustion

How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Mary M.D.

Address: 3 E Gough

Highlandtown Md

Accident or Suicide? No

Robt Lane Fenley

Robt Thurman

[illegible]

Name in Full: Mary Jane Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cub Hill — County: Balto

Date of death: Month 4 — Day 11 — 1909

Age: Years 59 — Months 1 — Days

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ Widow — Name of Wife or Husband: Samuel J. Johnson

Father's Name: Joseph Hamer — Father's Birthplace: Maryland

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving information: Samuel J. Johnson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Apoplexy — How long: Immediate

Immediate: Apoplexy — How long: 12 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geary A. Long M.D.

Address: Hamilton

Accident or Suicide? No

1 — PHYSICIAN OR CORONER

1909 14

F. Lassahn & Sons

Laurel Cemetery

Name in Full: Mrs. Estelle Jones

CERTIFICATE OF DEATH
MARYLAND

Town: Roland Park | County: Baltimore | 1000 Roland Park Ave.

Died at

Date of death	Month	Day	Years	Months	Days
1909	4	15	65	8	10

Age

Sex: F | Color or Race: W | Birthplace: Miss.

Occupation: — nil | Where Residing if not at place of death: —

~~Married, Single~~ or Widowed | Name of ~~Wife or~~ Husband: Albert Jones

Father's Name: Charles Crocker | Father's Birthplace: Georgia

Mother's Maiden Name: Rebecca Currie | Mother's Birthplace:

Name of person giving information: Daughter - Mrs. Olcutt | How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

Primary Disease: Valvular & Dilat. of Heart | How long: — 30 - years

Immediate: Paralysis of Heart | How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry H. Cuddy

Address: Roland Park, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

1

Wrudell Appel & Son

St. Mary's Cem.

Boundary

Name in Full: Lillie May Gordon

CERTIFICATE OF DEATH

MARYLAND

Died at: 3 S. Third St. Highland Town, Balto County

Date of death 1909: Month: Apr; Day: 21; Years: Age 3; Months: 11; Days:

Sex: Female; Color or Race: White; Birthplace: Balto Co

Occupation: —; Where Residing if not at place of death: Same

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Harry Gordon; Father's Birthplace: Balto Co

Mother's Maiden Name: Lillie Gordon; Mother's Birthplace: Balto Co

Name of person giving Information: Lula Gordon; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

101

Primary: Ulcerative Gonsultis; How long: 3 days

Immediate: Convulsions; How long: 1 hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Sadler M.D.

Address: 3336 E. Balto St

Accident or Suicide:

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO. 8-20--88

J. C. Schuh & Son
Oak Lawn
April 23rd, 1919

Name in Full: J. George Koppelman (Baltimore)

CERTIFICATE OF DEATH

MARYLAND

Died at: Sheppard Hosp., Town: Towson. County: Balto.

Date of death 1909	Month: April	Day: 8	Age: 66 Years	Months: —	Days: —
Sex: Male	Color or Race: White		Birthplace: Maryland.		
Occupation: Book-keeper	Where Residing if not at place of death:				
Married, Single or Widowed: Married	Name of Wife or Husband: Mrs J. George Koppelman.				
Father's Name: unknown	Father's Birthplace: unknown				
Mother's Maiden Name: unknown	Mother's Birthplace: unknown.				
Name of person giving In formation: Dr E.N. Brush	How related to deceased: None				

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Mitral Insufficiency — How long: 6 yrs.

Immediate: Heart Failure — How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E N Brush

Address: Sheppard & Pratt Hosp. Towson Balto Co Md

Accident or Suicide? No

PHYSICIAN OR CORONER

1

Interment in

Baltimore Md.

Stewart & Morrow Co
215 Park ave
Baltimore Md.

Name in Full: Ira F Lang

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Roosedale (Town) Balt (County)

Date of death 1909: Month Apr 28 Day

Age: Years 87 Months 5 Days 18

Sex: Male

Color or Race: white

Birthplace: Germany

Occupation: Laborer

Where Residing if not at place of death: Roosedale

Married, Single or Widowed: widower

Name of Wife or Husband: Louisa Lang

Father's Name: not Known died in Germany

Father's Birthplace:

Mother's Maiden Name: " " " " "

Mother's Birthplace:

Name of person giving In formation: Lena Lang informer

How related to deceased: Daughter

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart 3 years

How long:

Immediate: Dropsy & Exhaustion

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Coxe Md

Address: Gardenville Balto Co Md

Accident or Suicide?

Name in Full: Margaret Langfeld X Langfeld

CERTIFICATE OF DEATH

Died at: Town: Highlandtown; County: Balto.; MARYLAND

Date of death 1909	Month	Day	Age	Years	Months	Days
	4	6		2	4	

Sex: Female; Color or Race: White; Birthplace: Highlandtown

Occupation: —; Where Residing if not at place of death: 3910 Mt. Pleasant Ave

Married, Single or Widowed; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frd. K Langfeld; Father's Birthplace: Germany

Mother's Maiden Name: Marg't Krefeld; Mother's Birthplace: Balto. Md

Name of person giving information: Frd. K Langfeld; How related to deceased: Father

CAUSES OF DEATH

61

Primary: Meningitis; How long: 14 day

Immediate: Convulsions; How long: one day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: K. Warner

Address: 32 Highland Ave.

Accident or Suicide?

Holy Redeemer Cem.

Apr. 8th /09

Wendell Lippel & Son

Name in Full: Elizabeth LaPorte

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death 1909: Month: Apr; Day: 14th; Years: 35; Months: unknown; Days: unknown

Sex: Male; Color or Race: White; Birthplace: Penna

Occupation: None; Where Residing if not at place of death: Penna

Married, Single or Widowed: Single; Name of Wife or Husband: ~~Married~~

Father's Name: Not Known; Father's Birthplace: Not Known

Mother's Maiden Name: " "; Mother's Birthplace: " "

Name of person giving Information: Reed Mt Hope; How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Melancholia Agitata; How long: over 8 mos

Immediate: Suddenly Cardiac Paralysis; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Francis J Flannery

Address: Mt Hope Retreat Baltimore Md.

Accident or Suicide:

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO., 11-15-08

Name in Full: Henry M Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Roswell (County): Balt

Date of death 1909 Month: Apl Day: 15 Age: Years: 75 Months: — Days: —

Sex: Male Color or Race: White Birth-place: Md

Occupation: Farmer Where Residing if not at place of death: —

Married, Single or Widowed: Widow Name of Wife or Husband: Unknown

Father's Name: Unknown Father's Birthplace: Md

Mother's Maiden Name: Unknown Mother's Birthplace: —

Name of person giving Information: Leo Louis Baker How related to deceased: Nown.

CAUSES OF DEATH

40

PHYSICIAN OR CORONER

Primary: Gastric Carcinoma How long: 1 yr

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Signature of Physician: L Vollmer

Address: Roswell Md

Accident or Suicide: —

OFFICE SUPPLY CO. 8-20--08

Name in Full: William Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town — Wilhelm Pk; County — Balto. Co

Date of death: 1909 April 19 (Month, Day)

Age: Years — 2 yr; Months — —; Days — —

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Real Driver

Where Residing if not at place of death: Wilhelm Pk

Married, Single or Widowed: Single

Name of Wife or Husband: None

Father's Name: Geo. H. Lewis

Father's Birthplace: Balto.

Mother's Maiden Name: Ellen Garner

Mother's Birthplace: Balto

Name of person giving Information: Ella Lewis

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

34

Primary: General Tuberculosis — How long: About 4 Month

Immediate: General Asthenia — How long: 1 Mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard W. Jones M.D.

Address: Irving Cor.

Accident or Suicide: No

PHYSICIAN OR CORONER

1

13

OFFICE SUPPLY CO., 2284

Wm Cook
London Park

April 21. 1909

Dr. Mattfeldt (Columbus)

Name in Full: Morris Lichty.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown County: Balt.

Date of death 1909	Month	Day	Years	Months	Days
	April	22	Age 39.	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male. Color or Race: White Birthplace: Germany

Married, Single or Widowed: Married Occupation: Salesman

Name of Wife or Husband: Rebecca. Lichty

Father's Name: Benjamin Lichty Father's Birthplace: ?

Mother's Maiden Name: Lena Laron Mother's Birthplace: ?

Name of person giving information: Dr. M R Simmons How related to deceased: Physician

CAUSES OF DEATH

27.

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 5 yrs.

Immediate: (Exhaustion) How long:

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician: M R Simmons

Address: J.C.R.S. Sanatorium. Reisterstown Md

Accident or Suicide?

1

Name in Full: Rueben Lippenholz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Reisterstown; County: Baltimore

Date of death 190 9: Month: April; Day: 15; Age: Years: 36; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Russia

Married, Single or Widowed: Married; Occupation: Tailor

Name of Wife or Husband: Esther Lippenholz

Father's Name: Abraham Lippenholz; Father's Birthplace: Russia

Mother's Maiden Name: Sarah Preten; Mother's Birthplace: "

Name of person giving information: Dr R Simmons Md.; How related to deceased: Physician.

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 1 1/2 yrs.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr R Simmons.

Address: G.H.C.B. Reisterstown Md.

1

Accident or Suicide? —

Name in Full: Wilhelmina Soluman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rossvick County: Balto

Date of death: 1909 Month: April Day: 16 Age: Years: 86 Months: 3 Days: —

Sex: Female Color or Race: White Birthplace: Germany

Occupation: Housewife Where Residing if not at place of death: —

Married, Single or Widowed: Name of Wife or Husband: Jno B Soluman

Father's Name: Bernard Harris Father's Birthplace: Germany

Mother's Maiden Name: Unknown Mother's Birthplace: Germany

Name of person giving Information: Joseph Soluman How related to deceased: Son

154

CAUSES OF DEATH

Primary: Senile debility How long: 2 mo

Immediate: Heart How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G Villaum M.D.

Address: Rossville Md

Accident or Suicide: —

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO. 8-20--08

Entombment St Joseph Court
Belair Road
Geo. W. Grammer
undertaker

Name in Full: Alma T Sohn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town — Emory Grove; County — Betts

Date of death: Month — April; Day — 26; Year — 1909

Age: Years — 1; Months — 7; Days —

Sex: Female

Color or Race: white

Birthplace: Betts co Md

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Harvey H. Sohn

Father's Birthplace: Penna

Mother's Maiden Name: Mary C Shoyer

Mother's Birthplace: Betts. co. Md

Name of person giving Information: J H Sohn

How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

53

Primary: Lenos Dytherina — How long: Two months

Immediate: Oedema of Lungs — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gore M D.

Address: Reisterstown Md.

~~Accident or Suicide~~

PHYSICIAN OR CORONER

1

OFFICE SUPPLY CO. 5-20--08

Name in Full: Agnes Mc Whirter.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Woodensburg — Town; Balt — County

Date of death 1909: Month 4; Day 19; Years 41; Months; Days

Sex: Female — Color or Race: white — Birthplace: Baltimore

Occupation: Dressmaker. — Where Residing if not at place of death: Baltimore.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Archibald Mc Whirter — Father's Birthplace: Ireland.

Mother's Maiden Name: Mathilda Hughes. — Mother's Birthplace: Ireland.

Name of person giving information: Robert A. McWhirter — How related to deceased: Brother.

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Complications of diseases — How long: only came under my observation 5 days ago

Immediate: Heart disease & Bronchitis — How long: but understand she has been sick for years

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas H Wilson M D.

Address: Hubbsburg Md

Accident or Suicide?

1

Name in Full: Rachel E. MacDonald

CERTIFICATE OF DEATH

MARYLAND

Town: Roslyn — County: Balto Co

Died at: Roslyn

Date of death: 1909 — Month: April — Day: 5 — Years: 75 — Months: — — Days: — —

Sex: Female — Color or Race: white — Birthplace: Carroll Co

Occupation: House keeper — Where Residing if not at place of death: Roslyn Baltimore

Married, Single or Widowed: Single — Name of Wife or Husband: — — —

Father's Name: Wm MacDonald — Father's Birthplace: Virginia

Mother's Maiden Name: Cassender Gladman — Mother's Birthplace: Baltimore

Name of person giving information: Arthur Mentzel — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: 20 days

Immediate: Acute Nephritis — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm L Buppert

Address: Roslyn Baltimore

Accident or Suicide? — —

PHYSICIAN OR CORONER

1

Name in Full Katherine Manning

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St Dennis — County: Balto

Date of death 1909 — Month: 4 — Day: 8

Age — Years: 73 — Months: — Days:

Sex: Female — Color or Race: White — Birth-place: Ireland

Occupation: Domestic — Where Residing if not at place of death: St Dennis

~~Married, Single or~~ Widowed: widow — Name of Wife or Husband: John Manning

Father's Name: Michael Ward — Father's Birthplace: Ireland

Mother's Maiden Name: not known — Mother's Birthplace: Ireland

Name of person giving Information: Mrs Albert Smith — How related to deceased: Daughter

10

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza and debility from age — How long: 3 weeks

Immediate: same — How long: same

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: Elkridge Md

Accident or Suicide: no

13

Wm Cook,

Born
New Cathedral

Name in Full: William Daniel Marks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ruxton — County: Balto.

Date of death 1909 — Month: Apr. — Day: 30 — Age: Years 54 — Months 8 — Days 17

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Builder — Where Residing if not at place of death: -

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Caroline Marks

Father's Name: Daniel Marks — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Markey — Mother's Birthplace: Md.

Name of person giving information: Caroline Marks — How related to deceased: wife

CAUSES OF DEATH

119

PHYSICIAN OR CORONER

Primary: Wrecked — How long: 3 days

Immediate: Coma & Shock — How long: -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. J. Gorsuch

Address: 301 E. Mt. St. Balto. Md.

1

Accident or Suicide?

London Park
May 3 - 1909
Bertram W. Gow
Funeral Director

Name in Full: Rachel O Marsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Boring (Town) — Baltimore (County)

Date of death 1909: Month: April — Day: 5 — Years: Age 2 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Virginia

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Rev Wm. H. Marsh — Father's Birthplace: Md

Mother's Maiden Name: Ruby Thompson — Mother's Birthplace: Washington

Name of person giving information: Rev Wm H Marsh — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

33

CAUSES OF DEATH

Primary: Was due to absorption from nose from — How long: lupus of nasal passage

Immediate: Blood poisoning — How long: 1 Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Wilson

Address: Fowblesburgh Md

Accident or Suicide?

PHYSICIAN OR CORONER

1

5

Name in Full: Martha Jane Merryman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Philophlis — County: Balto.

Date of death 1909 — Month: ~~[illegible]~~ — Day: 18 — Age: Years 72 — Months 10 — Days 18

Sex: ~~White~~ Female — Color or Race: white — Birthplace: Balto Md.

Occupation: Housewife — Where Residing if not at place of death: ——

Married, ~~Single or Widow~~ — Name ~~of Wife or~~ Husband: Thos. H. Merryman

Father's Name: Edward F. Huber — Father's Birthplace: Pa

Mother's Maiden Name: Julia A. Reindollar — Mother's Birthplace: Pa

Name of person giving Information: Mrs Martin — How related to deceased: Daughter

CAUSES OF DEATH

97

PHYSICIAN OR CORONER

Primary: Asthma — How long: 4 yrs

Immediate: Dilitation of Heart — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: T. R. Payne

Address: Cordell

~~Accident or Suicide?~~

1

8

LIBRARY BUREAU A88816

Name in Full: Andrew J. Morgan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Loch Raven — County: Baltimore.

Date of death 1909 — Month: April — Day: 11th — Years: Age 49 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto City.

Occupation: Bricklayer — Where Residing if not at place of death: Loch Raven

Married, Single or Widowed: Married — Name of Wife ~~Husband~~: Mary A. Morgan

Father's Name: Henry Morgan. — Father's Birthplace: Not known

Mother's Maiden Name: Sarah Brittingham. — Mother's Birthplace: Not known.

Name of person giving Information: John T. Kein. — How related to deceased: Brother-in-law.

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Bright's Disease. — How long: Several months

Immediate: Dropsy. — How long: About a month.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. T. Harrison.

Address: Loch Raven.

Accident or Suicide?

1

John Burns & Sons
Holy Cross.
cemetery
Balto. City

Name in Full: Walter Mosby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Philofolis — Town — County: Balto.

Date of death 1909 — Month: 4 — Day: 18 — Age: Years — Months — Days: 12 hrs

Sex: Male — Color or Race: black — Birthplace: Philofolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Hubert Mosby — Father's Birthplace: Va

Mother's Maiden Name: Henrietta Madden — Mother's Birthplace: Balto Co

Name of person giving information: John Madden — How related to deceased: Uncle

CAUSES OF DEATH

152

PHYSICIAN OR CORONER

Primary: Asphyxia Neonatorum — How long: 12 hrs

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. W. Sherman M.D.

Address: Elsmere Md

Accident or Suicide?

1

8

Name in Full: Mary A Moseman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Roslyn — County: Balto

Date of death 1909 — Month: Apl — Day: 9 — Age — Years: 80 — Months: — — Days: 7

Sex: female — Color or Race: white — Birthplace: Dont Know

Occupation: none — Where Residing if not at place of death: Same

Married, Single or Widowed: widow — Name of Wife or Husband: John Moseman

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving In formation: Widuman — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Senility — How long: Months

Immediate: Cond — How long: few Hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. D. Stuart M.D.

Address: Towson Md

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Nozie Myers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Poplar Hughs — County: Talbot

Date of death 1909 — Month: April — Day: 24 — Years: Still Born — Months — Days

Age

Sex: Male — Color or Race: Colored — Birth-place: Poplar Hughs

Occupation — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Lady Myers — Father's Birthplace: Va.

Mother's Maiden Name: Lee Francis Holmes — Mother's Birthplace: Baltimore

Name of person giving Information: William L. Holmes — How related to deceased: Grandfather

CAUSES OF DEATH

8

Primary: Still Born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician: W. S. Ludlow Crone — Address

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Sarah Elizabeth Nelson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: White Hace (Town) — Bacturiua (County)

Date of death: 1909 — Month: April — Day: 8 — Age: Years 68 — Months + — Days 19

Sex: Female — Color or Race: White — Birthplace: White Hace Md.

Occupation: House Keeper. — Where Residing if not at place of death: White Hace Md.

Married, Single or Widowed: Single — Name of Wife or Husband: ——

Father's Name: Richard Nelson — Father's Birthplace: White Hace Md.

Mother's Maiden Name: Ella Delilah Weiss — Mother's Birthplace: White Hace Md.

Name of person giving Information: Brother R. Nelson — How related to deceased: Brother

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of the Liver — How long: about (3) Months

Immediate: Apoplexy. — How long: about (3) weeks

Are the name, age, sex, color, date and place correctly given above? JJS

Signature of Physician: Thomas C. Baedum

Address: White Hace Md.

Accident or Suicide?

Name in Full: Ethel Nolan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Spanwood Point (Town) Balt. (County)

Date of death 1909 Month 4 Day 20 Age: Years — Months 8 Days

Sex: Female Color or Race: White Birthplace: Md.

Occupation: None Where Residing if not at place of death: —

Married, Single or Widowed: Name of Wife or Husband: —

Father's Name: John Nolan Father's Birthplace: Md.

Mother's Maiden Name: Adeline E. Gerey Mother's Birthplace: Md.

Name of person giving information: J. Woodward MD How related to deceased: None

6

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles How long: 3 days

Immediate: Congestion Lungs Contributory: How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Woodward MD.

Address: Spanwood Point Md.

1

Accident or Suicide?

Name in Full: Henry P. Nolte

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Borings — County: Baltimore

Date of death 1909 — Month: April — Day: 7 — Age — Years: 68 — Months: 1 — Days: 15

Sex: male — Color or Race: White — Birthplace: New York City

Occupation: Farmer — Where Residing if not at place of death: Boring

Married, Single or Widowed: Widower — Name of Wife or Husband: Mary Bruce

Father's Name: Henry P. Nolte — Father's Birthplace: Germany

Mother's Maiden Name: Charlotte L. Wessermann — Mother's Birthplace:

Name of person giving information: Wm. T. Nolte — How related to deceased: Son

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease — How long: Due Heart

Immediate: Congestion Lungs — How long: 6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. A. Prescott

Address: Manchester Md

Filed 1909

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Mary J Morris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Roland Park (County): Balto

Date of death: 1909 Month: 4 Day: 30 Age: Years: 57 Months: 11 Days: 23

Sex: Female Color or Race: White Birthplace: Balto. City

Occupation: — Where Residing if not at place of death: Balto. City

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Robt W Morris Father's Birthplace: Harford Co

Mother's Maiden Name: Catharine J Young Mother's Birthplace: Harford Co

Name of person giving Information: Mr Morris How related to deceased: Brother

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease How long: Year or so

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas E. Hardy

Address: Roland Park

Accident or Suicide? Natural

Virginia D. Porter

1

John E Hough co
1422 Penna ave
Balto
Funeral chapel MD
Interment Hanford Co MD
May 3rd 1909

Name in Full: James E. Osborn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mario Md — County: Balto county

Date of death: Month: April — Day: 17th — Year: 1909

Age: 56 yr — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Tobacco factory — Where Residing if not at place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband: Mary Osborn (Dead)

Father's Name: Lewis Osborn — Father's Birthplace: Md

Mother's Maiden Name: Mary M. Montague — Mother's Birthplace: Md

Name of person giving information: Mrs. E. Osborn — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: [illegible] days

Immediate: Pneumonia — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. J. Glass

Address: Md Sparrows Pt

Accident or Suicide?

PHYSICIAN OR CORONER

1

13

John J. Cowan.

St Peters Cemetery.

Name in Full: Marian H Auld Ould X

CERTIFICATE OF DEATH

MARYLAND

Town: Died at 506 Roland W — County: Balto Co

Date of death 1909 — Month: 4 — Day: 2nd — Age: Years 75 — Months 9 — Days 10

Sex: Male — Color or Race: W — Birthplace: Washington DC

Occupation: Manufacturer — Where Residing if not at place of death: X

Married, Single or Widowed: widower — Name of Wife or Husband: X

Father's Name: Henry Auld — Father's Birthplace: England

Mother's Maiden Name: Elizabeth Pearce — Mother's Birthplace: Washington DC

Name of person giving information: W Auld — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

78

CAUSES OF DEATH

Primary (Bronchitis, Pleurisy, Emphysema, bronchi-pneumonia) — How long: 3 months

Immediate: Myocarditis — How long: 6 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm J. Watson

Address: 2128 St Paul St, Balto

Accident or Suicide? No

1

The John E Hough Co
1422 Perma Ave

Lounden Park

Name in Full: James Arrton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town — Sparrows Point; County — Balto.

Date of death: Month — April; Day — 28; Year — 1909

Age: Years — 35; Months; Days

Sex: Male

Color or Race: Negro

Birthplace: Virginia

Occupation: Laborer

Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Single

Name of Wife or Husband: None

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Joe Blair

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: How long

Immediate: Accidental drowning — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Joe Blair J. P.

Address: Sparrows Point Md

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

Name in Full: John R Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glyndon; County: Balto

Date of death: Month: April; Day: 25; 1909

Age: Years: 1; Months: 6; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Balto Co Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Alonza Parker

Father's Birthplace: Va

Mother's Maiden Name: Pinkey Taylor

Mother's Birthplace: Va

Name of person giving information: Pinkey Taylor

How related to deceased: Mother

38

CAUSES OF DEATH

Primary: Purulent Ophthalmia — How long: about one month

Immediate: Bronchitis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. F. Wheeler

Address: Glyndon, Md

Accident or Suicide:

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 5-20--08

Name in Full: Rebecca Cearce

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Raspburg; County: Balto

Date of death: Month: 4; Day: 14; 1909

Age: Years: 78; Months: 1; Days: 11

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housewife

Where Residing if not at place of death: Raspburg

~~Married, Single~~ Widowed

Name of ~~Wife or~~ Husband: Thomas Cearce

Father's Name: Salomon Armstrong

Father's Birthplace: Maryland

Mother's Maiden Name: Sara Cooper

Mother's Birthplace: "

Name of person giving information: Wm H Cearce

How related to deceased: Son

CAUSES OF DEATH

10

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 10 days.

Immediate: Broncho-Pneumonia — How long: 5 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Wilkinson

Address: Raspeburg, Md.

Accident or Suicide? Neither

14

Name in Full: Joseph Pohr

CERTIFICATE OF DEATH

MARYLAND

Died at: Sykesville (Town) Balto (County)

Date of death: 1909 Month: 4 Day: 5

Years: Age 25 Months: Days:

Sex: Male Color or Race: White Birthplace: Germany

Occupation: Engineer, (Stationary) Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ Name of Wife or Husband: Veronica Pohr

Father's Name: John Pohr Father's Birthplace: Germany

Mother's Maiden Name: Catherine Dreyler Mother's Birthplace: Germany

Name of person giving In formation: Veronica Pohr How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: acute Tuberculosis of Lungs How long: 3 mo

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W B Hall

Address: Not Given

PHYSICIAN OR CORONER

~~Accident or Suicide~~?

13

St Peters Cemetery

Wm J Tuckner & Son

April 7 - 09

Name in Full: Charles. E. Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gardenville; County: Baltimore

Date of death 1909: Month: April; Day: 16th; Years: 72; Months: 8; Days: 19

Sex: Male; Color or Race: White; Birthplace: Harford Co. Md.

Occupation: Keeper of Bay View Asylum; Where Residing if not at place of death: Gardenville Balto Co

Married, Single or Widowed: married; Name of Wife or Husband: Mary. A. Price / Chas. S. Price

Father's Name: Wm J. Price; Father's Birthplace: Harford Co.

Mother's Maiden Name: Cassandra Magness; Mother's Birthplace: " "

Name of person giving Information: Chas W. Price; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

119

CAUSES OF DEATH

Primary: Acute Nephritis; Pyogenic Infection rt. elbow; How long: 4 weeks.

Immediate: Hypostatic Pneumonia; How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Wilkinson

Address: Roseburg Md.

Accident or Suicide: Neither

PHYSICIAN OR CORONER

P

14

OFFICE SUPPLY CO. 5-20--06

Grammer & Teufel
Undertakers
London Park Cemetery

Name in Full: Sarah J. Price

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Trenton — County: Balto

Date of death 1909 — Month: apr — Day: 11 — Age: Years 77 — Months 10 — Days 19

Sex: Female — Color or Race: White — Birthplace: Balto Co

Occupation: Housewife — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: Widow — Name of Wife or Husband: Daniel Price

Father's Name: Eli Crowther — Father's Birthplace: Unknown

Mother's Maiden Name: Not Known — Mother's Birthplace: Unknown

Name of person giving information: C. H. Price — How related to deceased: Son

177

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 1 year.

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Wells

Address: Hampstead Md

Accident or Suicide?

Name in Full: Teresa Ramsel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland town — County: Baltimore County

Date of death 1909 — Month: April — Day: 4 — Age — Years: 42 — Months: 5 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: None — Where Residing if not at place of death: 3725 Esterwar ex4

Married, Single or Widowed: Married — Name of Wife or Husband: Leopold Ramsel

Father's Name: John Hilbert — Father's Birthplace: Germany

Mother's Maiden Name: Ida Kraus — Mother's Birthplace: "

Name of person giving information: Leopold Ramsel — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: La Grippe (Mitral Stenosis) (Long standing) — How long: 1 month

Immediate: Embolism — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. N. Riley

Address: 320 Hudson St

PHYSICIAN OR CORONER

Accident or Suicide?

Louis Sheeman
32 S Broadway
Oak Lawn Cemetary
April 7 1909

Name in Full: William P. Raymo

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto.

Date of death 1909: Month: 4; Day: 17; Age: Years: 38; Months: —; Days: —

Sex: Male. Color or Race: White. Birthplace: Maryland

Occupation: Merchant. Where Residing if not at place of death: 100 N. Eleventh St.

Married, Single or Widowed: Widowed. Name of Wife or Husband: Florence Raymo deceased

Father's Name: Charles M. Raymo. Father's Birthplace: Maryland

Mother's Maiden Name: Amelia P. Knight. Mother's Birthplace: Md

Name of person giving Information: Elizabeth Myers. How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

77

Primary: Acute Pericarditis. How long: 7 da.

Immediate: Syncope and Exhaustion. How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. R. Truax M.D.

Address: 5 & Gough Highlandtown Md

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 6-20--08

German Ave.
April 20/09
Robt. Turner

Name in Full: Andrew Reese

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Rasburg — County: Baltimore

Date of death: 1909 — Month: April — Day: 18 — Years: 44 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Occupation: Blacksmith — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Andrew Reese — Father's Birthplace: ~~Germany~~ Denmark

Mother's Maiden Name: Elnora Gorny — Mother's Birthplace: Baltimore Md

Name of person giving information: Estella C Collmus — How related to deceased: Sister

CAUSES OF DEATH

157

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Suicide by hanging — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A. Neumayer

Address: Rosebury. coroner

Accident or Sulcide? Suicide

14

George Schilling & Sons
Funeral Directors
N. W Cor Aisquith & Monument sts

Balto Md

Name in Full: Thomas E Reilly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death 1909: Month: April; Day: 15; Years: Age 38; Months: Not Known; Days: Not Kn

Sex: Male; Color or Race: White; Birthplace: Penna

Occupation: Clerk; Where Residing if not at place of death: Phila Pa

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: not Known; Father's Birthplace: Not Kn

Mother's Maiden Name: " "; Mother's Birthplace: " "

Name of person giving Information: Recd. Mt Hope Retreat; How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

93

CAUSES OF DEATH

Primary: Pneumonia; How long: 5 days

Immediate: Sudden Cardiac Syncope; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J Flannery

Address: Mt Hope Retreat, Mt Hope Md.

PHYSICIAN OR CORONER

~~Accident or Suicide~~

OFFICE SUPPLY CO., 11-15-08

Name in Full: Daniel Jos. Roach

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Irvington (Town) — Balto. (County)

Date of death: 1909 April 29

Age: 32 Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Balto. City

Occupation: Clerk — Where Residing if not at place of death: Beachfield Ave & Frederick Road

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Roach — Father's Birthplace: Ireland

Mother's Maiden Name: Ellen Murphy — Mother's Birthplace: Ireland

Name of person giving Information: Mrs. Ellen Roach — How related to deceased: Mother

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleuro Pneumonia — How long: Several Years

Emphysema

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Rheinfurder

Address: 809 N. Charles

Accident or Suicide? No

LIBRARY BUREAU ABS516

New Cathedral Cemetery

Henry Hoeckelen

Name in Full: Jannette Robinson †

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hunsville — County: Balto.

Date of death 1909 — Month: April — Day: 18 — Years: 74 — Months: 2 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Balto. Co

Occupation: Companion — Where Residing if not at place of death: Hunsville

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Edward E. Robinson

Father's Name: Unknown Pierce — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Georgia Disson — How related to deceased: Daughter

66

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Two hours

Immediate: Convulsion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles Bagby M.D.

Address: Bagby, Md.

Accident ~~or Suicide~~?

1

Name in Full: Henrietta Roday

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Balto

Date of death 1909 — Month: Apr — Day: 10 — Years: Age 54 — Months: — — Days: —

Sex: female. — Color or Race: White. — Birth-place: Balto Md.

Occupation: Unknown — Where Residing if not at place of death: 3302 Schuch St.

~~Married~~, Single or Widowed: Widow — Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace: Europe

Mother's Maiden Name: Unknown — Mother's Birthplace: Europe.

Name of person giving Information: Mary C Bittner — How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Septicity & Cerebrovascular Lesion — How long: 2 yrs.

Immediate: Cardiac Syncope — How long: 2 to 3 days

Are the name, age, sex, color, date and place correctly given above ?

Signature of Physician: C. E. McClanahan M.D.

Address:

PHYSICIAN OR CORONER

1

Accident or Suicide

OFFICE SUPPLY CO. 6-20--08

Wm. Cook.

Mt Carmel Cem.

Monday
April 17/24

CERTIFICATE OF DEATH

MARYLAND

Name in Full: George R. Rose

Died at: Hollandtown (Town) Balto (County)

Date of death 1909: April (Month) 18th (Day) Age: 41 (Years) Months: Days:

Sex: Male

Color or Race: White

Birthplace: Balto

Occupation: Musician

Where Residing if not at place of death: 18. S. East Ave

Married, ~~Single or Widowed~~: Married

Name of Wife or Husband: Berndine Rose

Father's Name: Gustav Rose

Father's Birthplace: Germany

Mother's Maiden Name: Ida Schoenfeld

Mother's Birthplace: Germany

Name of person giving Information: George Reck

How related to deceased: Step son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: 6 mos.

Immediate: Heart Failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edw. M. Fitzgerald

Address: 57 N. Washington st.

Accident or Suicide: no

PHYSICIAN OR CORONER

1

Oak Lawn Cem
April 21/1909
Wm Cook
Undertaker
502 E. North ave

Name in Full: Infant of Naylor M. Ruppert & Bessie G. Ruppert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Pikesville — Town
County: Baltimore

Date of death 1909 — Month: 4 — Day: 17
Age — Years: — Months: — Days: —

Sex: Male
Color or Race: White.
Birthplace: Pikesville

Occupation: None
Where Residing if not at place of death: —

Married, Single or Widowed: Single
Name of Wife or Husband: —

Father's Name: Naylor M. Ruppert
Father's Birthplace: Balto Co. Md.

Mother's Maiden Name: Bessie G. Longley
Mother's Birthplace: " " "

Name of person giving information: Naylor M. Ruppert
How related to deceased: Father

8

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Breech Presentation at 8 months. — How long:
Immediate: Asphyxia — midwife in attendance — How long:

Are the name, age, sex, color, date and place correctly given above? yes —
Signature of Physician: Henry A. Naylor
Address: 3rd Dist Health Office Pikesville Md.

Accident or Suicide? —

Name in Full: Mary Dorothy Schultz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Rosebury (County): Balt.

Date of death: Month 4, Day 24, 1909

Age: Years 7, Months 11, Days 10

Sex: F

Color or Race: W

Birthplace: Balt City

Occupation: Schoolgirl

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Chas F. Schultz

Father's Birthplace: Balt.

Mother's Maiden Name: Catherine

Mother's Birthplace: Balt.

Name of person giving information: Chas F. Schultz

How related to deceased: Father

28

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculor Meningitis — How long: 4 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Williamson

Address: Rosebury, Md.

Accident or Suicide? Neither

1

16

W. J. Schilling

Holy Redeemer

Name in Full: Frederick Seidenstricker

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Sparrows Point | County: Balto.

Date of death 1909 Month: Apr Day: 6 | Age Years: 62 Months: — Days: —

Sex: Male | Color or Race: White | Birthplace: Md.

Occupation: Foreman Ship Yard | Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Widower | Name of Wife or Husband: Delilah Harper Seidenstricker

Father's Name: unknown | Father's Birthplace: Unknown

Mother's Maiden Name: Unknown | Mother's Birthplace: Unknown

Name of person giving Information: Alice Hughes | How related to deceased: step daughter

TO BE ANSWERED BY NEAREST FRIEND

94

CAUSES OF DEATH

Primary: Pleurisy - with effusion | How long: 9 days

Immediate: Exhaustion | How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. L. McCormick M.D.

Address: Sparrows Point Md.

PHYSICIAN OR CORONER

1

Accident or Suicide: no

OFFICE SUPPLY CO. 5-20--08

Name in Full: Elizabeth A. Seidlich X

CERTIFICATE OF DEATH

MARYLAND

Town: Catonsville | County: Baltimore

Died at Catonsville, Baltimore County, Maryland

Date of death 1907 — Month: April | Day: 30 | Years: 27 | Months: 3 | Days: 14

Sex: Female | Color or Race: White | Birthplace: Catonsville Md

Occupation: Housewife | Where Residing if not at place of death: Catonsville

Married, Single or Widowed: Married | Name of Husband: Frederick Seidlich Jr

Father's Name: Frederick Silzle | Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Schneider | Mother's Birthplace: Md.

Name of person giving Information: Frederick Seidlich Jr | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis | How long: 3 yrs

Immediate: Asthenia | How long: 1 month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B West

Address: Catonsville Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 5-20--08

Salem Lutheran Cem
Jos B. Cook

Name in Full: William H. Shane X

CERTIFICATE OF DEATH

MARYLAND

Died at: Kemmill (Town) Baltimore (County)

Date of death 1909 April (Month) 16 (Day) Age 55 (Years) 4 (Months) 26 (Days)

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: Carpenter Where Residing if not at place of death: Kewanee, Ill.

Married, Single or Widowed: Married Name of Wife or Husband: Elizabeth Jane McCann

Father's Name: Arthur Shane Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Pearce Mother's Birthplace: Maryland

Name of person giving information: Eliz. J. Shane How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Acute Tuberculosis How long: 2½ months

Immediate:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Milland Stirling

Address: Shane, Balto Co, Md.

Accident or Suicide?

Name in Full: America S. Stunsteyh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Spring Point; County: Baltimore

Date of death 190 9 April 22; Age: Years 3; Months 9; Days 6

Sex: Female; Color or Race: White; Birthplace: Spring Point

Occupation: None; Where Residing if not at place of death:

~~Married, Single or Widowed~~; Name of Wife or Husband:

Father's Name: Charles E. Stunsteyh; Father's Birthplace: Pa.

Mother's Maiden Name: Martha E. Haller; Mother's Birthplace: Pa.

Name of person giving Information: Charles E. Stunsteyh; How related to deceased: Father

CAUSES OF DEATH

92

PHYSICIAN OR CORONER

Primary: Bronchio Pneumonia; How long: 13 days

Immediate: Ex Inanition; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. E. Eldred M.D.

Address: Spring Point Md

~~Accident or Suicide~~

OFFICE SUPPLY CO., 11-15-08

Name in Full: Joshua Simms X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton — County: Baltimore

Date of death 1909: Month: April — Day: 21 — Years: 48 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Monkton Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Isaac Simms — Father's Birthplace: Butler Md.

Mother's Maiden Name: Hannah Howard — Mother's Birthplace: Monkton Md.

Name of person giving In formation: Sarah Stevenson — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Consumption — How long: Six months

Immediate: General failure, collapse — How long: 48 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. R. Mitchell.

Address: Monkton Md.

Accident or Suicide?

PHYSICIAN OR CORONER

1

Name in Full: Sarah E. Simmons X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Canton

County: Balto

Date of death: 1909 Month: April Day: 11

Age: Years: 58 Months: — Days: 27

Sex: Female

Color or Race: White

Birthplace: Balto.

Occupation: Housework (Home)

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: James W. L. Simmons

Father's Name: Conrad Schumacher

Father's Birthplace: Germany

Mother's Maiden Name: Emily Disner

Mother's Birthplace: Md.

Name of person giving Information: James W. L. Simmons

How related to deceased: Husband.

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease

How long: about one month

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. L. Long M.D.

Address: 2429 Eutaw Ave Baltimore Md.

Accident or Suicide? —

Ind. Olivet Cemetery
April 14th 1909
W. Sanders & Son.

Mr. Ford.

Name in Full: Alfred H. Slade

CERTIFICATE OF DEATH

MARYLAND

Died at: Arlington (Town) — Baltimore (County)

Date of death 1909 — Month: 4 — Day: 6

Age — Years: 71 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto. Co.

Occupation: Salesman — Where Residing if not at place of death: Arlington

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Virginia Slade

Father's Name: Leon Slade — Father's Birthplace: Balto. Co.

Mother's Maiden Name: Ann Fuller — Mother's Birthplace: Balto. Co.

Name of person giving Information: Virginia Slade — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

94

Primary: Pleurisy, Nephritis — How long: Two months

Immediate: Heart failure, acute edema of lungs — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Milton P. Hill M.D.

Address: Arlington, Md.

Accident or Suicide

PHYSICIAN OR CORONER

St James Cemetery

Via Corbet

Pella, Iowa

Name in Full: Annie Elizabeth Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto

Date of death 1909 — Month: April — Day: 8 — Age: Years 1, Months 5, Days 21

Sex: Female — Color or Race: White — Birthplace: Balto Co

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Martin H. Smith — Father's Birthplace: Maryland

Mother's Maiden Name: Victoria Mandigk — Mother's Birthplace: Maryland

Name of person giving information: Martin H. Smith — How related to deceased: Father

CAUSES OF DEATH

92

PHYSICIAN OR CORONER

Primary: Bronchio Pneumonia — How long: 3 days.

Immediate: Ex Inanition — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Hubert Schwenicke

Address: 1013 S. First St. Baltimore Md.

Accident or Suicide? —

Dr. Schrenmeh
Mt Carmel
April 11/09
H. Sauder Sons

Name in Full: Julia M. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto.

Date of death: 1909 Month: Apr. Day: 3rd Age: Years 38 Months 9 Days 18

Sex: Female Color or Race: White Birth-place: Balto Md.

Occupation: House Wife ~~Where Residing if not at place of death~~: 900 S. Third St.

Married, Single or Widowed: Married Name of Wife or Huaband: John Phillipk Smith

Father's Neme: Charlee Buthau Fether's Birthplace: Germany

Mother's Maiden Name: Anna Brummer Mothar's Birthplece: " "

Name of person giving Information: John Phillipk Smitto How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Nephritis How long

Immadiate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: C. N. Abey

Address

Accidant or Suicide

OFFICE SUPPLY CO., 2284

St. Matthai's Cemetery
April 6th 09
Lilly and Beiler
Undertakers

Name in Full: Lillie Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Govanstown — County: Balto Co.

Date of death: 1909 — Month: April — Day: 13 — Years: 28 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: Harford Co.

Occupation: House Girl — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Harman Smith — Father's Birthplace: Virginia

Mother's Maiden Name: Mary Sophia Bond — Mother's Birthplace: Harford Co.

Name of person giving information: ~~Brother~~, Frederick Smith — How related to deceased: Brother

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: about 18 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: John B. Brown M.D.

Address: 36 W. York Road Balto

Accident or Suicide?

Mt Zion Cemetry
Govanstown Balto Co
Md.
John Burns Sons
Towson
Md.

York Road - below
Fell Gate - 1st house in
Wilson row -
Thursday 2 o'clock

Name in Full: Snyder. (Still Birth)

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Sparrows Point — County: Balt-

Date of death 190 9 — Month: 4 — Day: 14 — Age: Years — Months — Days

Sex: Fem — Color or Race: Wh. — Birthplace: Sparrows Point

Occupation: — Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Frank Snyder — Father's Birthplace: Mount Joy Pa

Mother's Maiden Name: Ella Irene Leyser — Mother's Birthplace: Pluka Pa.

Name of person giving Information: Father Snyder — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

8

Primary: Still born infant. — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Woodward M.D.

Address: Sparrows Point Md

Accident or Suicide: no

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. / 5-20--08

Name in Full: Mrs Maggie Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at: 340 E. Eastern — Town: Balto — County:

Date of death: Month: Apr — Day: 28 — Years: 1904 — Age: 35 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Balto City

Occupation: Housewife — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife or Husband: Cristian Snyder

Father's Name: Henry Lorsch — Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth Lorsch — Mother's Birthplace: " "

Name of person giving Information: Elizabeth Lorsch — How related to deceased: Mother

178

CAUSES OF DEATH

Primary: Cardiac Syncope — How long:

Immediate: Found dead on couch in dining room — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. J. Liddle Coroner

Address: 333 E. Balto St

Accident or Suicide: Accident

12

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Leonard Ritz Jr.

#2336 E. Balt. St.

Burial May 1st '09
1st Ger. Cong.
Cem.

Name in Full: Caleb A. Staines

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Washington; County: Baltimore

Date of death: Month: April; Day: 18; Year: 1909

Age: Years: 87; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Balto. Co.

Occupation: Carpenter

Where Residing if not at place of death: Mt. Washington

Married, Single ~~or Widowed~~: Married

Name ~~of Wife or~~ Husband: Rachel Staines

Father's Name: Not Known

Father's Birthplace: not known

Mother's Maiden Name: Elizbeth Whitely

Mother's Birthplace: unk.

Name of person giving Information: J. Thomas Staines

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

81

Primary: Arteri Sclerosis — How long: 6 months

Immediate: Inanition — How long: one month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Josiah S. Powers

Address: Mt. Washington, Balto. Co. Md.

Accident or Suicide

OFFICE SUPPLY CO. 8-20--08

John Burns Sons
Towson

Mayer M. E. Cemetery
Chestnut Ridge
Balto. Co
Md.

Name in Full: Thomas Howard Stansbury X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Jacksonville — County: Baltimore

Date of death 190 7 — Month: Apr. — Day: 21 — Years: 73 — Months: 1 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Mount Epra

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Elizabeth Hall

Father's Name: Edward Stansbury — Father's Birthplace: England

Mother's Maiden Name: Margaret Grapel — Mother's Birthplace: Forest Co.

Name of person giving information: Camilla Stansbury — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH — 79

Primary: Heart disease — How long: 6 weeks

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory M.D.

Address: Monkton, Md.

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-15-08

Name in Full: Louis Steger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Boring — County: Balt

Date of death 1909 — Month: 4 — Day: 10 — Age: Years 89 — Months: 11 — Days: 6

Sex: Male — Color or Race: white — Birthplace: Germany

Occupation: retired Carrier — Where Residing if not at place of death: —

Married, Single or Widowed: widower — Name of Wife or Husband: —

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: unknown — Mother's Birthplace: unknown

Name of person giving In formation: Elisha Crode — How related to deceased: Grandson

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease, Mitral Stenosis — How long: Several years

Immediate: Dropsy — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas H Wilson M D

Address: Jewettsburg Md

Accident or Suicide?

4

Name in Full: Eliza Ann Sterguel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Roxbury County: Baltimore

Date of death 1909 Month: April Day: 21st Age Years: 79 Months: 3 Days: 7

Sex: Female Color or Race: White Birthplace: Baltimore Md

Occupation: none Where Residing if not at place of death: ——

Married, Single or Widowed: Widow Name of ~~Wife or~~ Husband: John J Sterguel

Father's Name: John Candles Father's Birthplace: Maryland

Mother's Maiden Name: Mary Biddison Mother's Birthplace: Maryland

Name of person giving In formation: Louisa M Dittmeier How related to deceased: Grand-daughter

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary: Senile Debility How long: 6 mo

Immediate: Senile Debility How long: 6 mo

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: Gary A. Dwyer M.D.

Address: Hamilton Md 14

Accident or Suicide? No.

George Schilling & Sons
1126 E Monument St
Baltimore Md

Undertakers

Greenmount

Name in Full: Geo. S. Stokes

CERTIFICATE OF DEATH

MARYLAND

Died at: St. Agnes Hospital, Town; Ballo., County

Date of death 1909: Month April; Day 1; Years 58; Months; Days

Sex: M; Color or Race: W; Birthplace: Va.

Occupation: Farmer; Where Residing if not at place of death: Norfolk, Va

Married, Single or Widowed: Mar.; Name of Wife or Husband: Mrs. Mary Stokes.

Father's Name: Allen Young Stokes; Father's Birthplace: Va.

Mother's Maiden Name: Margt. Prickell; Mother's Birthplace: Va.

Name of person giving information: Mrs. Geo. S. Stokes; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Aortic Insufficiency; How long: 8 mos +

Immediate: Uremia & Nephritis; How long: 2 mos. +

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Fred'y Crook

Address: St Agnes Hospital

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Katherine V. Sutch X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Woodlawn (County): Baltimore

Date of death 1903: Month: April Day: 3 Years: 20 Months: 1 Days: 10

Sex: Female Color or ~~Race~~: White Birthplace: Baltimore Co. Md.

Occupation: none Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband: none

Father's Name: Charles E. Sutch Father's Birthplace: Balto Co Md

Mother's Maiden Name: Mary A. Kaiser Mother's Birthplace: Balto Co Md

Name of person giving information: Charles E. Sutch How related to deceased: Father

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia How long: 9 days

Immediate: Cardiac Asthenia How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Smith

Address: Woodlawn Md.

Accident or Suicide? —

Name in Full: Jayres Taylor

CERTIFICATE OF DEATH

Died at: Lutherville (Town) Baltimore (County) MARYLAND

Date of death: 1909 Month: April Day: 17

Age: Years: 47 Months: — Days: —

Sex: Male Color or Race: Black Birthplace: Md

Occupation: Cook Where Residing if not at place of death: Lutherville Md

Married, Single or Widowed: Widower Name of Wife or Husband: Do not Know

Father's Name: Robert Taylor Father's Birthplace: Md

Mother's Maiden Name: Do not Know Mother's Birthplace:

Name of person giving Information: Frank Taylor How related to deceased: Half Brother

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Cold How long: Don't Know

Immediate: Pulmonary Tuberculosis How long: Six Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. H. Smith

Address: Rider, Md

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. S-20--08

This body is to be removed
from Lutherville Md to 102 E
Mulberry St Balto Md

Felix B Pye Undertaker
102 E Mulberry St
Balto Md.

Name in Full Lane Bernice Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Parkton	County	Balto		
Date of death 1909	Month 4	Day 2	Years 1	Months 5	Days 2
Sex	Female	Color or Race	Colored	Birth-place	Parkton
Occupation	—	Where Residing if not at place of death	—		
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Grant Thomas			Father's Birthplace	Md
Mother's Maiden Name	Sadie Jones			Mother's Birthplace	Md
Name of person giving Information	Sadie Thomas			How related to deceased	Mother

CAUSES OF DEATH

10

PHYSICIAN OR CORONER

Primary	La Grippe	How long	2 months
Immediate	Capillary Bronchitis	How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R R Morris
		Address	Parkton Md
Accident or Suicide			

6

OFFICE SUPPLY CO. 5-20--08

Name in Full: Margaret Traband

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baynesville — County: Balto

Date of death 1909 — Month: 4 — Day: 22 — Years: 75 — Months: 10 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Baynesville

Married, ~~Single or Widowed~~ — Name of ~~Wife or~~ Husband: Henry Traband

Father's Name: Christian Stresinger — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: "

Name of person giving Information: Henry Traband — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

43

CAUSES OF DEATH

Primary: Cancer of Breast & Stomach — How long: Three Years

Immediate: Results of Cancer — How long: Three Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Garrett

Address: Towson

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

Frederick Lassahn & Sons
Undertakers
Interment Providence
Cemetery

Name in Full: Theoa B Upperco X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Near Boring (County): Balto

Date of death 1909 (Month): April (Day): 6 Years: Age 40 Months: — Days: —

Sex: Female Color or Race: white Birthplace: Carroll co, Md

Occupation: House wife Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Jessie J Upperco

Father's Name: Jacob Richards Father's Birthplace: Carroll co Md

Mother's Maiden Name: Elizabeth Bachman Mother's Birthplace: Carroll co Md

Name of person giving Information: Jessie J Upperco How related to deceased: Husband

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Pneumonia How long: 14 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. H. Wilson

Address: Fowblesburg Md

~~Accident or Suicide~~

4

To be Buried at St Paul's church

Name in Full: Emil Volz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at 4854 Park Heights Ave. Town: Park Heights Ave. County: Baltimore

Date of death 1909 Month: April Day: 5 Age: Years 48 Months 5 Days 11

Sex: Male Color or Race: White Birthplace: Baltimore Md

Occupation: Cigar Maker. Where Residing if not at place of death: 4854 Park Heights Ave

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: George Volz Father's Birthplace: Germany

Mother's Maiden Name: Wilhelmina Schmidt Mother's Birthplace: " "

Name of person giving Information: George Volz How related to deceased: Brother

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis How long: 3 yrs.

Immediate: Congestion of Lungs How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. McKerron M.D.

Address: 431 N. Carey St

Accident or Suicide? —

Please have attending physician fill out cause of death and sign - returning same to

Dr Henry C. Naylor
Pulaski

Name in Full: Florence Watkins, Colored. X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Roland Park — County: Baltimore

Date of death: 1909 — Month: April — Day: 14 — Years: abt 58 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: North Carolina

Occupation: Cook — Where Residing if not at place of death: 1512 Reisterstown Ave Balto

Married, Single or Widowed: Widow — Name of Wife or Husband: Richard Watkins

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Edward Chuff 1512 Reisterstown Ave Balto — How related to deceased: Cousin

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: natural Cause — How long: —

Immediate: Heart weak — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. G. Foster

Address: Roland Park

Accident or Suicide? No

Thomas E. Stanley Coroner

Sam'l H. Chase Son
1400 Moshier St
Balto Md
Interment at Mt Auburn Cem

Name in Full: Mother Rose of St. Mary (Marie Wehrle)

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Irvington — County: Baltimore

Date of death — Month: April — Day: 21 — Year: 1909 — Age: Years: 62 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: France

Occupation: Nun — Where Residing if not at place of death: at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Louis Wehrle — Father's Birthplace: France

Mother's Maiden Name: Elisa Gerodias — Mother's Birthplace: France

Name of person giving Information: Sister Magdalena — How related to deceased: (42)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Uterus — How long: 18 months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Lumpkin

Address: 653 Columbia Ave Baltimore, Md.

Accident or Suicide

Name in Full: Bridget Westerholm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes Hospt. County: Balto.

Date of death 190 9 Month: April Day: 29

Age: Years: 67 Months: Days:

Sex: Female Color or Race: White Birthplace: Ireland

Occupation: ? Where Residing if not at place of death: 318 - S. Poppleton St.

Married, Single or Widowed: Widow Name of Wife or Husband: Unknown

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: " Mother's Birthplace: "

Name of person giving Information: Hospt. Records How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Mitral Insufficiency (Heart) How long: 4 mo +

Immediate: Broken Compensation How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Fred G. Crouse

Address: St. Agnes Hospital

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: George Wheeler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Texas. County: Balto.

Date of death 1909 Month: Apr. Day: 21 Age Years: 63 Months: 10 Days: 29.

Sex: Male Color or Race: White Birthplace: Germany.

~~Occupation~~: Inmate Balto. Co. Almshouse Where Residing if not at place of death: Co. Almshouse

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: Unknown Father's Birthplace: Germany.

Mother's Maiden Name: Unknown Mother's Birthplace: Germany.

Name of person giving In formation: John Kane How related to deceased: None

45

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma (Abdominal) How long: Several years

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wilmer C. Ensor M.D.

Address: Cockeysville Md.

Accident or Suicide? No.

John Burns Sons
Towson
Burial at John Hopkins
anatomical
Board

Name in Full: Bettie White

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Quantz Cor. Pennsylvania (Town) Baltimore (County)

Date of death: 1909 Month: 4 Day: 5 Years: 70 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Albemarle Co. Va

Occupation: Domestic Where Residing if not at place of death: Quantz Cor. Pennsylvania

Married, Single or Widowed: Widow Name of Wife or Husband: Unknown

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving information: Thomas White How related to deceased: Son

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Bright's Disease How long: I don't know

Immediate: Acute Pericarditis How long: Eight days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robt. G. Chisolm

Address: 424 East 23 St

Accident or Suicide?

To be buried in
Zion Cemetery
April 7th 1907

Zebt. B. Pye

Name in Full: James L. Wilkinson +

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown County: Balto.

Date of death 190 9 Month: 4 Day: 11 Age: Years: 56 Months: Days:

Sex: Male Color or Race: White Birthplace: Balto Co.

Occupation: Shop Hand Where Residing if not at place of death: 3325 Eastern Av

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Mary A. Wilkinson

Father's Name: Unknown Father's Birthplace: Balto

Mother's Maiden Name: Unknown Mother's Birthplace: U S

Name of person giving Information: Mary A. Wilkinson How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Cerebral Hemorrhage How long: 6 mos.

Immediate: Apoplexia Cardiac Syncope How long: 1 day.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. E. McClanahan M.D.

Address: 4619 S. Clinton St.

Accident or Suicide

PHYSICIAN OR CORONER

Oak Lawn Cemetery
John Henrig & Son
4/14/09

Name in Full: Edward J. Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Raspburg County: Baltimore

Date of death 1909 Month: April Day: 19th Age: Years: 32 Months: Days:

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: Ironworker Where Residing if not at place of death: Raspburg

~~Married~~, Single ~~or Widowed~~: Single Name of Wife or Husband:

Father's Name: Marcilus Williams Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth Marrow Mother's Birthplace: Baltimore

Name of person giving Information: Elizabeth Williams How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Tuberculosis Pulmonalis How long: 18 mos

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician: C. V. Bailey

Address:

PHYSICIAN OR CORONER

Accident or Suicide

IV

Baltimore Cem
Tuesday April 20th 1909
Wm Cook
502 E North ave.
Undertaker.

Name in Full: Franceria Williams X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sherwood; County: Balto.

Date of death 1909: Month: April; Day: 8

Age: Years: 73; Months: —; Days: —

Sex: Female

Color or Race: white

Birth-place: Harfd. Co.

Occupation: House wife

Where Residing if not at place of death: Sherwood

Married, Single, or Widowed: Widow

Name of Wife or Husband: Arnold Williams

Father's Name: Isaac Waters

Father's Birthplace: Harford Co.

Mother's Maiden Name: Franceria Waters

Mother's Birthplace: Harford Co.

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: La Grippe — How long: one week

Immediate: Uremic Coma — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Burlod Shindson

Address: Rider, Md

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

John Burns Sons
Union Chapel.
Harford. Co.
Md.

Name in Full: Thomas Minks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Was Catonsville (Town) Baltimore (County)

Date of death 1909: April (Month) 26 (Day)

Age: Years 34? Months — Days —

Sex: Male

Color or Race: White

Birthplace: Unknown

Occupation: Lineman

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Hueband: Margaret Mills

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Neme of person giving Information: E. Fullmon

How related to deceased: none

179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Electric Stock.

How long: Immediate

Immediate: Electric Stock

How long: Immediately -

Are the name, age, eex, color, date and place correctly given above? Yes

Signature of Physician: Frederick L. Pickendorf

Address: Coroner.

Accident or Suicide: Accident -

Name in Full: Sarah Young X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bentley; County: Balto.

Date of death 190 9 Month: Apl. Day: 20 Age: Years: 85 Months: 1 Days: 22

Sex: Female Color or Race: White Birth-place: Md.

Occupation: Housewife Where Residing if not at place of death: — — —

Married, Single or Widowed: Widowed Name of ~~Wife or~~ Husband: Samuel Young

Father's Name: Walter Walker Father's Birthplace: Md

Mother's Maiden Name: Dral Slade Mother's Birthplace: Md

Name of person giving information: Cornelius Wilson How related to deceased: Son-in-law

CAUSES OF DEATH

106

Primary: Acute Enteritis How long: 10 days

Immediate: Asthenia How long: 5 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. V. Heyde, M.D.

Address: Parkton Md.

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Henry Zimmerman X

CERTIFICATE OF DEATH

MARYLAND

Died at: Forestville (Town) — Baltimore (County)

Date of death: 1909 — Month: April — Day: 6 — Years: 70 — Months: — Days:

Age: 70

Sex: Male — Color or Race: White — Birthplace: Unknown

Occupation: Forester — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Zimmerman

Father's Name: John Zimmerman — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving In formation: Elmer Mays — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: Ten days

Immediate: Exhaustion of Senility — How long: 48 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jos. S. Baldwin

Address: Forestland 6 Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Elizabeth Catharine Zinkhan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jacksonville; County: Baltimore

Date of death: 1909, Month: Apr., Day: 8

Age: Years: 82, Months: 10, Days: 16

Sex: female

Color or Race: white

Birth-place: Germany

Occupation: none

Where Residing if not at place of death: ——

Married, Single or Widowed: widowed

Name of Wife or Husband: John Zinkhan

Father's Name: —— Hess

Father's Birthplace: Germany

Mother's Maiden Name: Katharine Wagner

Mother's Birthplace: Germany

Name of person giving information: John Zinkhan

How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Heart failure

How long: During the night.

Immediate: Old age

How long: ——

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory M. D.

Address: Monkton, Md.

Accident or Suicide: no

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-15-08

Name in Full: Unknown Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westport; County: Balto

Date of death: Month: 4; Day: ; Year: 1909; Age: Years: ; Months: ; Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: White; Birthplace: Unknown

Occupation: Infant; Where Residing if not at place of death: Unknown

Married, Single or Widowed: ; Name of Wife or Husband: ;

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving information: Dr R. V. Glenn; How related to deceased: none

176

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: child birth; How long: Immediate

Immediate: strangulation; How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: August W. Miller Coroner

Address: 711 Winans

Accident or Suicide? Suppose Homicide

Balto Co. Md 13

Michele Finck

M T Brown

Carey

Name in Full: Unknown

CERTIFICATE OF DEATH

Died at: Unknown (Town) found in Bear Creek (County) Balto (County) MARYLAND

Date of death 1909 (Month / Day) been in water about 4 weeks (Years) Age about 40 (Months / Days)

Sex: Male | Color or Race: White | Birthplace: Unknown

Occupation: Unknown | Where Residing if not at place of death:

Married, Single or Widowed: Unknown | Name of Wife or Husband: Unknown

Father's Name: ?? | Father's Birthplace: Unknown

Mother's Maiden Name: ?? | Mother's Birthplace: ??

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

172

Primary: Accidental Drowning | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above? | Signature of Physician: Conner W. S. Dudley M.D. | Address

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 5-20--88

Johns Hopkins Hospital

5/1/09

J Herring & Son